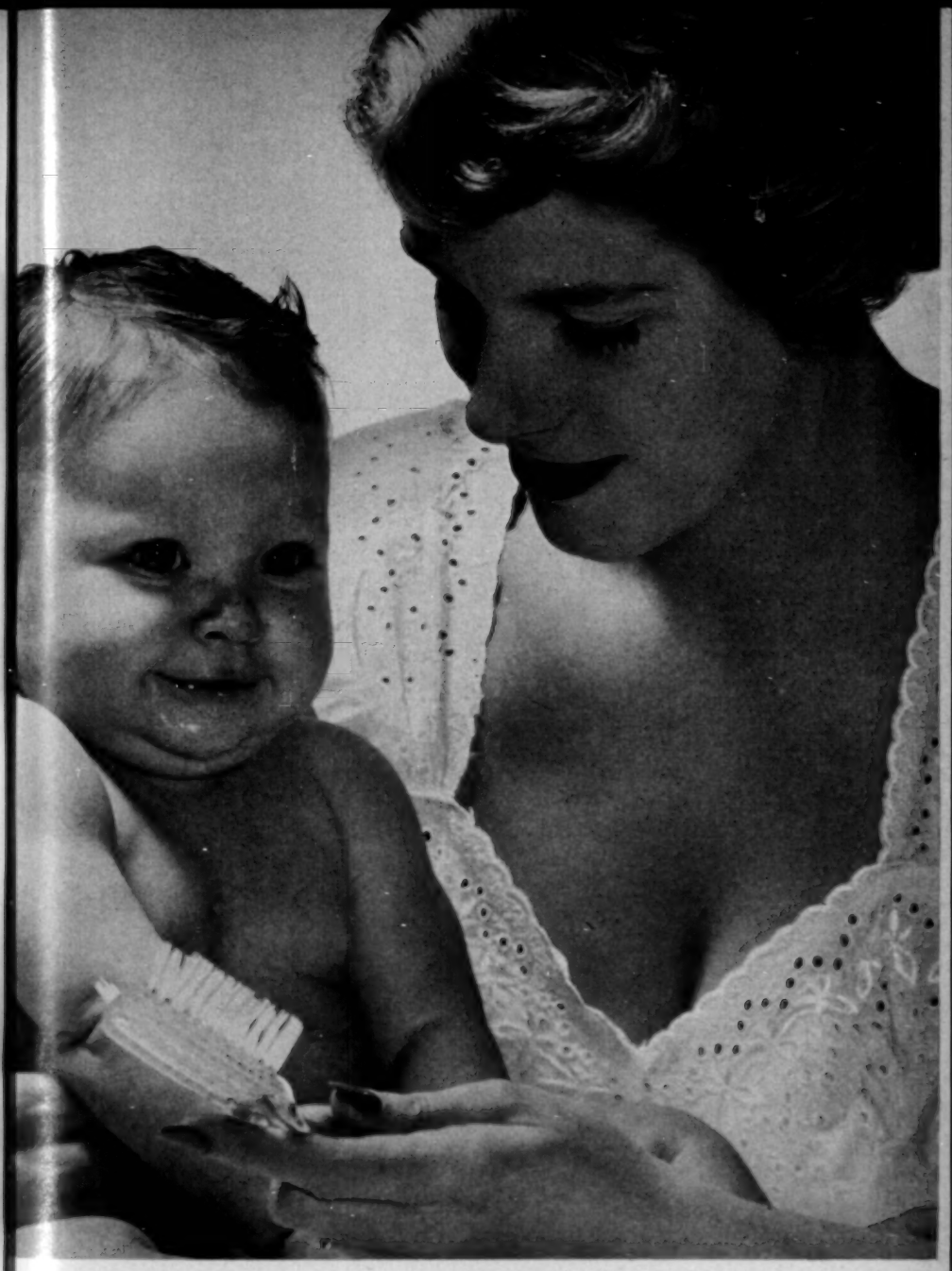

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Between Ourselves

Changes of emphasis are always of interest. The case in point at the moment is illustrated in the topic our guest editor, **Trenna G. Hunter**, has chosen to write about — the preference for the word "health" to the old standby "hygiene." Not so many years ago the topic title in the public school curriculum and, in the present instance, that aspect of the healing art concerned with the preservation of mental well-being was dubbed hygiene. We decided to consult our dictionaries to seek the fine point of distinction between the two words.

The Oxford dictionary's definition of hygiene is terse and direct — "principles of health." Webster is a little more explicit — "the science of the preservation of health; a system of principles or rules designed for the promotion of health." Gould Medical Dictionary goes a step further — "the science that treats of the laws of health and the methods of their observation." Thus, the ***mental health*** activities that are accented in our editorial and in **D. F. Roberts'** article on the Institutional Nursing pages would seem to be a pattern, a workable plan, for expanding the scope of the nurse as one facet of the whole mental hygiene program.

Now completing her second term as second vice-president of our national association, Trenna Grace Hunter is the busy director of public health nursing services with the Metropolitan Health Committee in Vancouver. A graduate of the General Hospital there and of the University of British Columbia, Miss Hunter believes in the personal mental health value of having broad and absorbing interests that are far removed from the routines of her work. Such things as buying and renovating old houses, gardening, cooking, golf, badminton, swimming, reading, bridge and knitting fill her life so full that sometimes, she says, "work interferes with all I'd like to do."

* * *

It is always with a feeling of respect and pride that we learn of the appointment of Miss So-and-so as *Canadian Nurse* convener for her alumnae association or a district or chapter. Working for the promotion of our *Journal* is, of course, *our* full-time job. Hence, our feelings about and toward these conveners arise from the knowledge that most of them are busy women in other avenues of nursing who give generously of their time and thought in assembling news notes, in interesting potential subscribers, in cooperating to make *The Canadian Nurse* the valuable tool for nurses that it is. Recently we had quite a lift when the following letter reached us:

> On perusing *The Canadian Nurse* one day I asked myself if I had not something to contribute to such a fine magazine? The enclosed contribution is the result of my efforts in verse. I have subscribed to it for many years now and feel that it really is a good "voice" for Canadian nursing and our interests abroad.

The following is M.P.H.'s tribute to *The Canadian Nurse:*

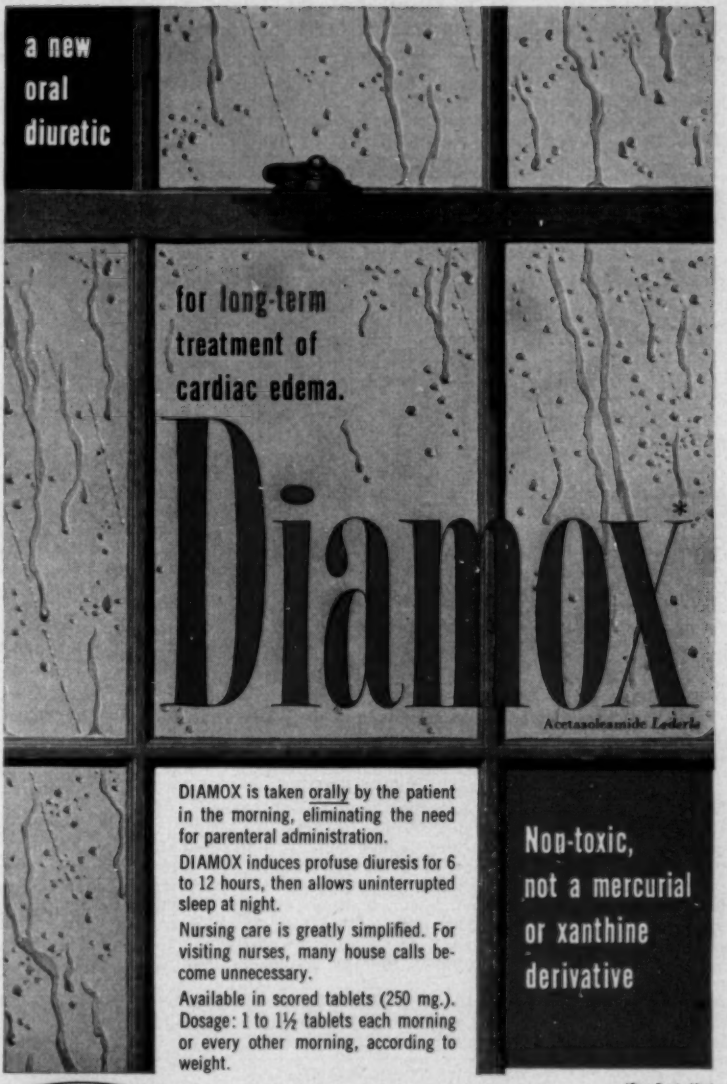
C is for Canada, strong and so free,
A calls for Action from you and from me;
N may mean Nothing if nothing we give,
A Altruistic that nursing may thrive.
D for Devotion to service, each one;
I Inspiration for duties well done;
A once again brings Art to the fore,
N for the New skills yet to explore.

N is for Numbers, our ranks are too few;
U for the Utmost that nurses can do.
R our Resolution: keep our goal in sight;
S means we're Sure that the future is bright.
E stands for Energy, to meet the task
Of Canadian Nurses—what more can we ask?

* * *

The account of what is being accomplished in ***venereal disease*** treatment and control since the use of the antibiotics brings new hope that eventually the ravages of syphilis and gonorrhea will be a thing of the past. **Dr. A. John Nelson** describes the current program being pursued with outstanding success in British Columbia. Let us consider some of the possible improvements in the total health picture that such control could bring if it were effective in every part of our country. The incidence of abortions and stillbirths would drop appreciably since a large proportion of them are directly attributable to the fact that the mother has

(Continued on page 168)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New Products

Edited by DEAN F. N. HUGHES

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BLUTENE

Manufacturer—Abbott Laboratories Limited, Montreal.

Description—Tolonium chloride-sulfate (salt of purified toluidine blue 0, 3-amino-7-dimethylamino-2-methylphenazathonium), 100 mg. tablets.

Indications—Idiopathic uterine bleeding (menometrorrhagia); should not be used for treatment of abnormal uterine bleeding until malignancy has been ruled out as the cause.

Administration—Orally, usual dosage 200 to 300 mg. daily.

CORCITROPHIN-ACTH

Manufacturer—Armour Laboratories. *Can. Dist.:* Laurentian Agencies Ltd., Montreal.

Description—Adrenocorticotrophic hormone, sterile dry powder, readily soluble in sterile saline or distilled water.

Indications—Collagen or connective tissue diseases, such as rheumatoid arthritis, rheumatic fever, acute lupus erythematosus; hypersensitivities such as severe asthma, drug allergy, contact dermatitis; most acute inflammatory diseases of the eye; acute inflammatory conditions of the skin; inflammatory conditions of the intestinal mucosa, etc.

Administration—Generally, initial doses of 10 units every 6 hours, adjusted up or down to suit the case.

DAPRISAL

Manufacturer—Smith, Kline & French Inter-American Corp., Montreal.

Description—Each tablet contains: Dexedrine sulfate (d-amphetamine sulfate, S.K.F.) 5 mg.; amobarbital, Lilly, ½ gr., acetylsalicylic acid 2½ gr.; phenacetin 2½ gr.

Indications—For relief of pain and the depression, nervous tension and anxiety that intensify and prolong pain perception. Contraindicated in patients hypersensitive to sympathomimetics or barbiturates or in cases of coronary or cardiovascular disease in which vasoconstrictors are contraindicated.

Administration—One every 3 hours as needed.

HATROPHEN

Manufacturer—Winter Laboratories, Toronto, Ont.

Description—A double layer, repeat-action tablet, containing two complete doses. Each dose contains: Hyoscyamine hydrobromide 0.1260 mg.; hyoscine hydrobromide 0.0072 mg.; atropine sulfate 0.0240 mg.; phenobarbital 16.0 mg.

Indications—Cases of hypermotility and spasticity.

TENSILON

Manufacturer—Hoffmann-La Roche Limited, Montreal.

Description—A potent, rapid-acting curare antagonist, [(3-hydroxy-phenyl) dimethyl-ethyl ammonium chloride], which acts within one-half to one minute. Its effect is brief, lasting an average of ten minutes. It is not likely to produce stimulation of glandular secretions, abdominal cramps, nor other cholinergic side reactions.

Indications—Useful whenever a curare antagonist is needed either to terminate the action of curare, d-tubocurarine, Flaxedil, Metubine or Mecostrin when no longer required, or to counteract overdosage. It is particularly valuable in abdominal and pelvic surgery, in endoscopy, in shock therapy and in patients whose muscle spasm is treated with curare.

Administration—Intravenously in 10-mg. doses, repeated when necessary. Artificial ventilation plus repeated 10-mg. doses should be used to counteract overdosage of the curariform drugs.

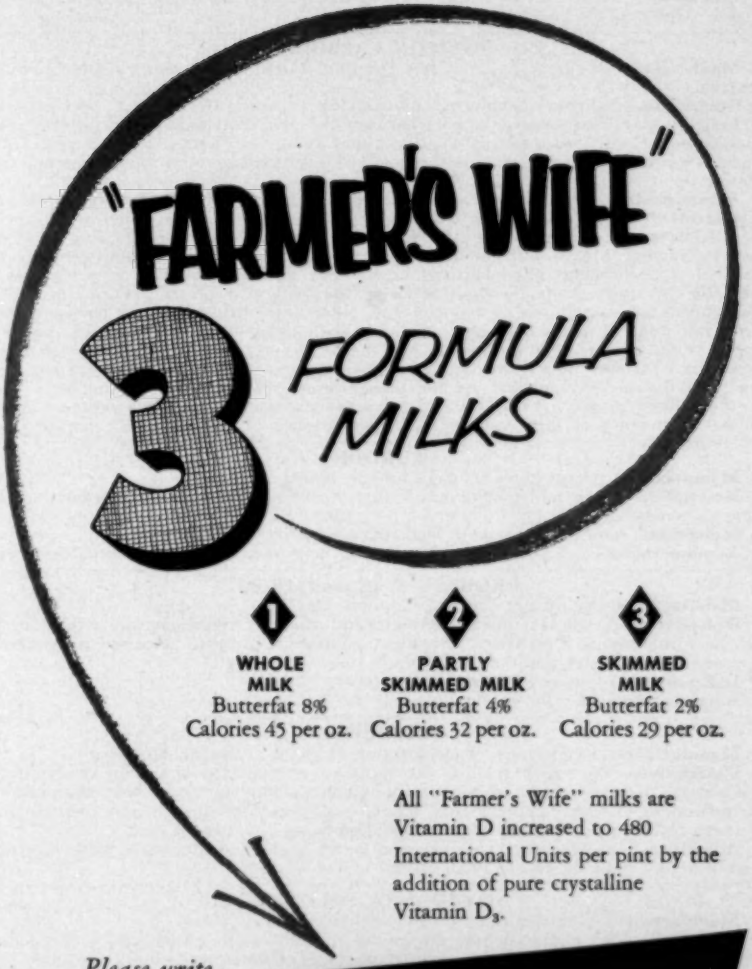
SYNBOLONE

Manufacturer—Charles E. Frosst & Company, Montreal.

Description—Each cc. of aqueous suspension contains: Stanolone (androstan-17 (beta)-ol-3-one) 50 mg.

Indications—For use in palliative treatment of carcinoma of the breast; in debilitated conditions and where it is desired to promote gains in weight and muscle strength.

Administration—By intramuscular injection only. In carcinoma of the breast, 2 cc. 3 to 6 times a week as long as indicated; in debilitated conditions, convalescence, or improvement in weight gain and muscular strength, 1 cc. 3 to 6 times a week.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AMBODRYL HYDROCHLORIDE

Manufacturer—Parke, Davis & Company Ltd., Walkerville, Ont.

Description—Bromodiphen-hydramine hydrochloride, a new antihistaminic agent which has a minimum of side reactions. Kapseals of 25 mg.

Indications—Treatment of a wide variety of allergies, including hay fever, allergic rhinitis, asthma, urticaria, eczema, and migraine.

HIBICON CAPSULES

Manufacturer—Lederle Laboratories Division, North American Cyanamid Limited, Montreal.

Description—N-benzyl-B-chloropropionamide; capsules of 250 mg. and 500 mg.

Indications—Treatment of grand mal and psychomotor seizures. While not contraindicated in the treatment of the petit mal triad, the action in these seizures is erratic. The product exercises its anticonvulsant effect by some mechanism other than sedation.

Administration—The optimal dosage must be determined for each patient. In a large series of cases, best results were obtained upon the administration of 0.5 gm. to 1.0 gm. 3 or 4 times daily with meals and before retiring. Some patients may be stimulated by regular use of Hibicon and require some sedation to induce sleep. If the patient has been using phenobarbital or another anticonvulsant, it is preferable to make the transition gradually while reducing the daily dose of the previous drug. The simultaneous administration of Hibicon and other anticonvulsants may be useful providing safe relative doses of both compounds are employed. If the daily dose of 2.5 to 3.0 gm. is not effective, it is unlikely that better results will be obtained with larger doses. Most patients notice their greatest improvement on approximately 2.0 gm. daily in divided dosage. *Precautions:* At the present time there is no contraindication, nor has there been evidence that Hibicon depresses the bone marrow. Except for an occasional occurrence of skin rash, serious toxic reactions have not been reported.

SURDON

Manufacturer—Organon (Canada) Limited, Montreal.

Description—Each tablet contains: Progestoral (ethisterone) 5 mg.; thiamine HCl 15 mg.; phenobarbital 15 mg.

Indications—Control of premenstrual tension and dysmenorrhea.

Administration—1-2 tablets per day during last 7-10 days of the menstrual cycle.

PROBESE T. D. CAPSULES

Manufacturer—Bell-Craig Limited, Toronto, Ont.

Description—A single "timed-disintegration" capsule containing the triple obesity Probese formulations. The yellow granules disintegrate and are absorbed immediately, the green in four hours, and the pink in eight hours.

Indications—Adjunctive treatment of obesity.

Administration—Orally, one capsule one-half hour before breakfast.

RHEOCHOL

Manufacturer—Christiaens Pharmaceutical (Canada) Limited, Montreal.

Description—An antispasmodic cholagogue; effervescent granules containing a combination of magnesium sulfate, theophylline sodium glycinate and mesoinositol.

Indications—Chronic cholecystitis, biliary stasis and its consequences, constipation, dizziness, headache, dermatitis. Liver congestion caused by biliary stasis.

Administration—One to three teaspoonfuls in a glass of lukewarm water administered in the morning on an empty stomach.

NOVADONNA SOLUTION

Manufacturer—Sherman Laboratories, Windsor, Ont.

Description—An antispasmodic combining the levorotatory alkaloids of belladonna with homatropine methylbromide. Each cc. contains: Homatropine methylbromide 1.512 mg., hyoscyamine sulfate 0.283 mg.; hyoscine hydrobromide 0.019 mg.

Administration—Usual dose 6 minims but may be prescribed safely in same doses as tincture belladonna.

(Continued from page 164)

syphilis. The number of infants with congenital syphilis would be drastically diminished, relieving the families and the community of the heavy burden these undersized, anemic, sickly children place upon them. There would eventually be a reduction in the number of admissions to our mental hospitals since syphilis is presently an important factor in the causes of mental deterioration. At the moment all of this is an Elysian dream but it is a possibility for the future worth working for.

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Soil chemistry, which has emphasized the importance of "good earth" in the raising of nourishing crops, is a comparatively recent science. The existence of minerals and plant food in the soil itself has come to be recognized as contributing greatly to the presence of nutrients in roots, fruits and vegetables.

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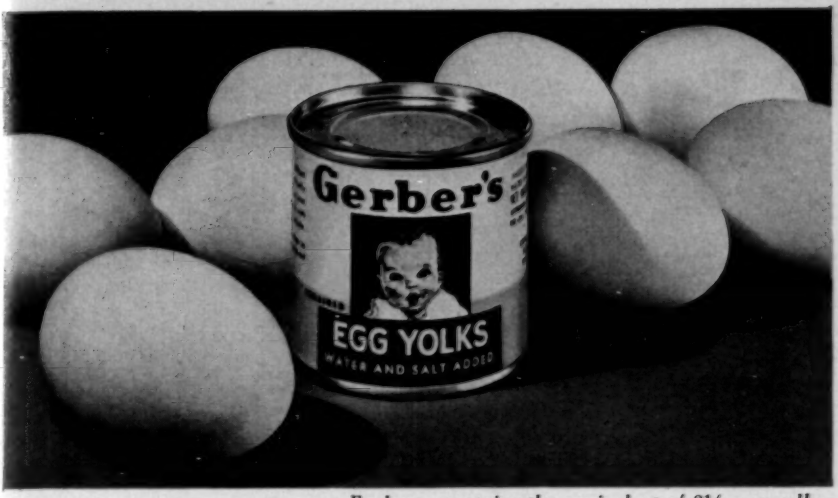

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THE CANADIAN NURSE

L'Infirmière Canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 50 NUMBER 3

MONTREAL, MARCH, 1954

The Long Arm of the Nurse

And let us not forget the long arm of the nurse. She reaches out into the community with a range of interpersonal relationships that for variety, quantity and quality no other member of staff can equal. She sees people most casually and informally, when they are most natural and least defensive, in their homes or on the street, at work or at worship, at school or at play. No one is so strategically located as she to observe the effect of how people live with others in the community.

So writes Howard E. Jensen, chairman of the Department of Sociology and Anthropology, Duke University, Durham, North Carolina, in a paper entitled "Mental Health — A Local Health Responsibility," delivered to the Georgia State Public Health Association in Savannah (*Mental Health* — October, 1953).

Here he is referring to public health nurses but most of what he says applies to *all* nurses whether they be in hospitals, in clinics, in industries or in private nursing. He goes on to state that we seem to have arrived at a stage where improvement of the physical health of the nation has reached a point of diminishing returns but that the same cannot be said of the mental health of the people of our country. If we agree with this statement and if we think that the already taut muscles of the long arm can be stretched

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Trenna G. Hunter

BOSTON UNIVERSITY
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still further, can we agree that the teaching of mental health is a proper function of the nurse wherever she is working?

If health departments are to share some of the responsibility for the mental health of the community, every public health nurse will be called upon to do more in mental health teaching than she has ever done before and to us that seems right. We know that wherever nurses are employed there is opportunity for a variety of interpersonal relationships in the thousands of contacts made in homes, clinics, and hospitals in a year. What an influence she can exert for good or ill! The quality of her teaching is improving and must improve further. In her visit to a young mother, she will concern herself not only with the physical state of the new infant but will be aware of the mother's feelings about her baby, about the mother's opinion of herself in her role of a mother. In her visit to the tuberculosis patient, she will know at what stage his disease is but she will also try to understand what is happening to his relationships with his wife and children. In giving bedside care to the chronically ill, she will be aware of how the patient's illness is affecting his status in the home.

To this extent the nurse is doing "case work" — not "social" case work which belongs to the profession of social work, but case work in the broad sense of the words — careful work with families and individuals based on her knowledge of the dynamics of human behavior, of cultural patterns, of people.

In well child conferences the trend is away from emphasis on the physical care of the infants as stress is being put upon their emotional and social development. In health work in school settings there is a swing away from programs that put emphasis on mass screening of well children towards a program that gives more attention to individual children and their health problems.

Nurses are close to the day-by-day problems of our citizens and because of their very number are logically the professional group to become the first line of defence in the fight for better mental health.

In the care of the sick patient the nurse is the one closest to the patient who, in his illness, has regressed to a level of dependency. She is the one who provides for his needs, both physical and emotional. The professional education she has received, the knowledge she has gained of interpersonal relationships, the satisfaction she is getting from her work will determine how well she can meet those needs.

Supplementing the medical care of the physician the nurse is the one among all of the professional workers who gives consistent and personal service to the ill person; other workers make their contribution to total care but it is this part of the nurse's function that is unique to the profession.

The competence of the nurse will be judged not only by what she knows about caring for the physical needs of people but also by the confidence she is able to inspire in them — confidence in the worth of effort, of achievement, of optimistic behavior in the face of sometimes overwhelming odds, confidence in life as it should be lived. In other words the response will reflect her application of the principles of sound mental health.

Surely if our hearts are in it, our arms are long enough.

TRENNA G. HUNTER
Second Vice-President
Canadian Nurses' Association

Many people who have given serious study to the population problem prophesy doom for much of mankind unless the rate of population growth can be drastically checked. It is worth reiterating that the fundamental solution of this problem lies in increasing the productivity of the individual. To the extent this is done, every individual can become a source of new wealth to his country and to the world. To the extent that it is not done he is a potential liability, unable to supply his own needs, let alone helping to supply those of his fellow human beings.

— Food and Agriculture Organization of the United Nations

Recent Advances in Venereal Disease Control

A. John Nelson, M.D., D.P.H.

Few physicians these days would deny the fact that the therapeutic armamentarium has been considerably enriched since the advent of penicillin. Indeed, it is not too much to say that the treatment of acute infections due to susceptible organisms (including in this category, early infectious syphilis and acute gonococcal infection) has been revolutionized, and largely solved, since the discovery of this antibiotic.

To the private physician concerned with the care of his patient and to the venereologist charged with the public health control of venereal disease, penicillin has proven a real boon. Its known efficacy in treatment, ease of administration, safety, lack of toxicity, inexpensiveness and, in particular, its ability to rapidly rid the infectious lesions of early syphilis of virulent treponemata, have established its place in the control of venereal disease. These manifold advantages, being applicable to the treatment of both syphilis and gonorrhea, have made treatment effective and of short duration. Thus, uncomplicated cases of gonorrhea can be cured in approximately 85-90 per cent of patients with a single intramuscular injection of 300,000 units of depo-penicillin. Treatment of syphilis has been changed to such an extent that the prolonged courses of therapy which characterized the arsenical era, with penicillin have now been compressed into a period of approximately 10 days, with even better rates of cure.

Turning from the purely clinical problem presented by the individual patient to the mass aspects of venereal disease control, one of the best examples of applied epidemiology is to be seen in the recognition that gonorrhea may be used as a signpost to indicate the potential locus of a fresh syphilitic infection, capable of cure with penicillin in the earliest clinical or even incubation stages. In developing this epidemiological concept, there are three important considerations:

1. Since it is known that approximately 3 per cent of patients with gonorrhea acquire syphilis at the same exposure, it does not require the peculiar talents of a Sherlock Holmes to deduce that from approximately 3,000 cases of gonorrhea reported in British Columbia per annum, there must develop a reservoir of something like 90 to 100 fresh (and, therefore, infectious) syphilis cases per year — a sizeable reservoir that it would be desirable, on public health grounds, to eliminate.

2. The feasibility of attempting to abort syphilis that has been acquired concomitantly with a gonococcal infection is clearly evident if we consider the difference in incubation periods between the two diseases. Taking the usual incubation period of gonorrhea at two to four days, with an outside limit of about one week, and the incubation period for primary syphilis as three weeks, there remains a time differential of approximately two weeks, during which some form of abortive treatment for the latter infection may be attempted.

3. The bridge between these theoretical concepts and their practical application to the control of infectious syphilis was closed when two U.S. workers, Alexander and Schoch[1,2] demonstrated that a dosage of penicillin approximating one million units, administered during the incubation stage of syphilis, would effectively abort that disease and prevent the development of clinical or serologic evidence of infection in the contacts of darkfield-positive cases.

These three concepts have now been

Dr. Nelson is director, Division of Venereal Disease Control and Consultant in Epidemiology, British Columbia Department of Health and Welfare, Vancouver.

rationalized into what is known as the "over-treatment" method for gonorrhea, which aims not only at curing the patient's gonococcal infection, but also aborting any syphilitic infection which he may have been so unfortunate as to acquire at the same exposure.

This over-treatment method has been applied in the clinics of the B.C. Division of Venereal Disease Control over the past four years. All patients diagnosed as having gonorrhea are treated routinely with a single intramuscular injection of 1.5 million units of procaine penicillin in oil with 2 per cent aluminum monostearate (depo-penicillin). As a check on the effectiveness of this method of treatment we follow all patients with blood tests for a period of six months, in order to confirm that concomitantly-acquired syphilis had not made its appearance following treatment. Detailed follow-up studies on a group of over 400 patients treated by this method, and followed by serological tests for a minimum period of six months, revealed that not a single syphilitic infection had made its appearance. In other words, the method was 100 per cent effective in aborting the concomitantly-acquired syphilitic infections.

The long-term results of this over-treatment method have proved its value. In 1947, before the institution of this method of treatment for gonorrhea, British Columbia had the highest reported syphilis rates in Canada — 170.0 per 100,000 population for all types of syphilis reported and 55.4 per 100,000 for early, infectious (primary and secondary) syphilis. By the end of 1951, these rates had been reduced to 40.1 and 2.9 respectively, which represents a 76 per cent reduction in rate for all syphilis and *a 95 per cent reduction in the infectious syphilis rate.* It is apparent, therefore, that within a short period of five years, a particularly successful focal attack has been made upon the problem of infectious syphilis, not only by the penicillin treatment of that disease per se but also by the use of the over-treatment method for gonorrhea.

In this concept of over-treatment of one infection to abort or minimize the results of a more severe infection, we see an outstanding example of the results obtained by the clinical application of the preventive concept in medicine.

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Food Habits

Present-day knowledge has not yet resulted in a nation of well-fed, healthy human beings. Food habits are strong and it is difficult to overcome prejudices, fads and food lore that have existed in families for generations. It is interesting that calories, which dominated the picture at the turn of the century, are not yet fully comprehended by the average citizen.

Obesity remains one of the major dietary diseases today, and there is a tremendous job to be done in educating the public that there is no such thing as a "fattening food"; that overweight is a problem of calorie imbalance; and that neither a "seven-day diet," "milk and banana diet" nor any other spectacular dietary formula will reduce weight and maintain health at the same time.

— E. N. Todhunter

During the turbulent days of Louis XIV and the Court of France, men and women vied for the distinction of possessing the most richly designed handkerchiefs. Designers of artistic handkerchiefs were sought out by nobles and displaying a truly exquisite handkerchief denoted rank and position.

Financial Security for Nurses

L. W. DUNSTALL

WITHOUT EXCEPTION, everyone today is interested in financial security, both in the present and for the future.

The choice of a profession or vocation is substantially a question of finding a means whereby one can, during the productive years, assure present financial security in a way that will, at the same time, bring certain personal satisfactions. In the case of nurses this satisfaction comes from the rendering of a very important and worthwhile service to their fellow men. Once launched on a career, and established, the question of present financial security becomes a fairly simple matter of continuing, without interruption, to follow the chosen vocation.

The provision of future financial security is a more difficult problem and one which most of us hesitate to face up to because it presupposes that a time will arrive when we are unable to work. That is something we dislike thinking about. It seems so far in the future, and why worry? As a result, there is a tendency to do nothing about it.

Unfortunately, the future has an alarming way of becoming the present in no time at all. Statistics prove very conclusively that the large majority of people arrive at retirement age totally unprepared. Instead of being able to enjoy the fruits of a lifetime of effort in comfortable retirement, they find they must continue to earn a livelihood at work which, no matter how interesting and absorbing it was at one time, can with advancing years become little short of drudgery. Yet the answer to future financial security can be stated simply under three headings:

1. The will to set aside regularly a percentage of earnings.
2. A sound, tested plan for the accumulation of these savings.
3. A plan of distribution that will assure that the amount accumulated will provide income as long as it may be needed.

I should emphasize here that no one, be it the state or a business organization, can *give* anyone future financial security. And I underline the word give. It is a well known axiom that you cannot get something for nothing. This is as true regarding financial security as anything else.

Let me explain what I mean. The government has instituted a contributory old age pension scheme, effective for every Canadian citizen at the age of 70. The government says that the individual will contribute directly a percentage of his or her income and the government will contribute an equal amount. There is only one place where the amount contributed by the government can come from — the pockets of the taxpayers — ourselves. We certainly will not receive something for nothing!

The tremendous advantage of such a scheme is the compulsion to save. Unfortunately, so few of us are able to voluntarily exercise "the will to set aside regularly a percentage of earnings," the first part of my answer to future financial security.

Recognizing the failure on the part of so many to provide for retirement, the state steps in and says "we will compel people to make at least a minimum of provision for retirement." And there are not many things more compulsory than taxes!

Our own government must of necessity provide only a minimum income. Unless we are prepared to spend our retirement on a subsistence level, any such state pension must be supplemented by income we ourselves have provided.

Some nurses come under pension schemes provided by the Victorian Order of Nurses, public health bodies, industries, and a few hospitals. Here again, they contribute directly a percentage of earnings. While theoretically the employer contributes an equal amount, as a general rule at least,

salary scales are conditioned upon the existence or otherwise of an employee pension scheme, so those concerned are really not getting something for nothing. Here again, however, there is that compulsion to save. Contributions are deducted from salary and what we never receive we do not miss.

Some of us may feel that our own association of nurses should institute some such scheme. There is obviously no way by which the association could deduct from earnings. The most the association could do would be to become a collecting agency which would only involve it in a tremendous amount of work that would normally be done by the financial institution employed as a repository for the funds collected, and without any benefit to the individual, as even the element of compulsion, so valuable in the other cases mentioned, would be lacking.

I have deliberately taken some time to refer to group pension schemes as I have a feeling that the private duty nurse may at times feel that her sister who comes under some such scheme is getting something which she is deprived of. That is not the case. I repeat you cannot get something for nothing. In some respects the private duty nurse is in a fortunate position in that she does not have to conform to a scheme set up on a standard pattern to cover a large group. She is at liberty to select her own plan designed to fit her own particular needs and requirements, provided always she has the will to set aside regularly a percentage of earnings for this purpose.

Remember, the dollars she sets aside today will be cheap dollars in that, in the majority of cases, they would have been spent on luxuries anyway. When they come back to her in the form of pension payments they may well prove to be the most valuable dollars she has ever received for they will probably spell the difference between many happy years of retirement or old age dependence, than which there is nothing more tragic.

My second point in the answer to future financial security was the selection of a sound, tested plan for the accumulation of these savings. We are living in a day of high income taxes. A proportion of the margin between earnings and living costs is siphoned off by the government. This automatically reduces the margin available for saving which makes it doubly important that we consider carefully to whom we will entrust our savings. Interest rates are low and if we are to reach our objective it is imperative that the factor of compound interest be allowed to work. We are planning for our future financial security. Therefore, it is tremendously important that the safety of our savings should be a first consideration.

The soundness of our life insurance companies is unquestioned. Over the years, in good times and bad, they have proved beyond doubt their soundness and stability. It is the boast of Canadian life insurance that no policyholder has ever lost a dollar of money guaranteed under a contract issued by a Canadian life insurance company.

Life insurance companies in Canada operate under the supervision of the Department of Insurance, a department of the Dominion Government. The companies are subject to periodic inspection in the interests of the policyholders. The law sets out the investments which a life insurance company may or may not make.

I say very sincerely that I believe the life insurance companies offer as safe a repository for your savings as any institution, including the government. The basic plans offered by the life insurance companies are really few and simple.

Term insurance: Temporary insurance payable at death with no savings element.

Whole life insurance: Insurance against death but for the whole of life. The premium remains the same throughout the life of the policy. In order to make this possible, premiums in the earlier years are higher than necessary to meet death claims, and there is automatically created a reserve which constitutes a savings element.

Limited payment life: Basically the same as whole life, except that premiums are only paid for a stipulated number of years. Premiums are naturally

higher, as the necessary reserve must be built up over a shorter period.

Endowment policies: Guarantee payment at death or at the end of a stipulated period of years, whichever shall occur first. Contain a much larger savings element.

Pension bond or deferred annuity: Almost entirely savings. Usually the death benefit is limited to the return of premiums paid plus interest.

There are two types of annuities—immediate and deferred. If a nurse has accumulated a substantial sum of money, she can purchase an immediate annuity under which income payments commence immediately and continue as long as she lives.

If she buys a deferred annuity, payments commence at some future specified date. A deferred annuity is usually purchased by annual deposits made over a period of years.

There is one other thing I should perhaps say about annuities. There is what is called a *straight annuity.* A straight annuity pays the maximum amount of income but all payments cease on the death of the annuitant, regardless of the period over which payments have been made.

Then there is an annuity which not only guarantees income as long as the purchaser lives, but will also guarantee that these payments will be made for a specified number of years, whether she lives or dies. For instance, if a nurse bought an annuity guaranteed for ten years, it means that if, after commencing to receive her annuity payments, she lived only four years, those annuity payments would continue for another six years to whom she may have designated should receive them or to her estate.

These basic life insurance plans which I have mentioned can be used in various combinations to make up policies designed for almost any purpose. In deciding just what plan or plans to adopt, there are several points which should be considered.

Before considering her own retirement, it might be well for the nurse to consider if she has anyone dependent on her for whom some provision should be made if she does not live to complete her plans. If so, then some life insurance should be included in the program. In any event sufficient life insurance should be included to assure that should anything happen, either as a result of accident or otherwise, the obligations which every one of us will someday leave behind will be taken care of.

Actually, which of the life insurance plans she uses to do this is immaterial. If she uses a higher premium endowment plan, it means that she automatically creates at the same time a savings fund which can later be applied toward her pension. If she uses a lower premium plan, the savings element is reduced but she automatically has more money to put into an annuity.

Once she has made whatever life insurance provision is necessary, then the balance of the amount the nurse has decided she can and will save might best be put into a deferred annuity or, as it is sometimes called, a pension bond.

The plan should be such as to make it possible to adjust it to meet changing circumstances. For instance, a nurse, aged 25, may wish to retire at age 55. She applies for a deferred annuity on which she plans to make an annual deposit each year until age 55 — that is, over a period of 30 years. A great deal can happen in 30 years.

Within a few years she may marry. Her husband may not be able to continue to make payments on her annuity. It may be far more important for him to carry a substantial amount of life insurance on his own life. The money she has paid into her plan might be more advantageously used as a payment on a home. So I suggest that under her plan a nurse should have the right to withdraw what she has put in, if circumstances should make it desirable to do so. On the other hand, she may, after marriage, wish to continue to devote some time to her profession. In that case she may be able to continue her savings and in that way supplement any insurance or retirement program instituted by her husband. There are other emergencies which might arise that would make the

privilege of withdrawal a very necessary feature of the contract.

Again, when retirement age is reached it may, under the circumstances then existing, be desirable to take a lesser amount of income and take a certain amount of cash to apply on a home or perhaps some sort of business that would serve as a paying hobby. People are thinking of retirement in terms of younger ages than formerly and are, at the same time, thinking in terms of accumulating enough money so that on retirement they can take up some paying hobby in which they have always been interested but have not had either the time or money to indulge. It might be a chicken farm, fruit farm, bee-keeping, woodworking, or perhaps a millinery salon, a tea shop, or a gift shop. So your plan should be such that when retirement age arrives you are free to exercise some discretion in the way in which your accumulated savings are applied, in the light of conditions then existing.

Another suggestion I would make is that your plan should have what might be called a self completing clause in the event of total disability. For a small additional premium the life insurance company will include in your contract a clause to provide that, in the event you should become totally disabled, future deposits under the contract will be waived but the contract will mature just as if all deposits called for had been made.

Earlier I referred to the element of compulsion in a group pension plan. While not to the same extent there is, however, an element of compulsion for the private duty nurse who sets up her own pension plan through a life insurance company. There is a measure of urgency about the notice that is received from a life insurance company as periodic deposits become due. This is lacking in any plan under which a person merely resolves to set a certain amount aside each month in a savings bank account, sometimes called the "put and take method" — you put it in one month and take it out the next. There is undoubtedly a greater incentive to maintain payments under a life insurance company plan and far less likelihood of withdrawing the money for purposes which are relatively unimportant.

The third point in my formula for future financial security was "a plan of distribution that will assure that the amount accumulated will provide income as long as it may be needed." In this day of high taxes and low interest rates it is next to impossible for anyone, other than the very wealthy, to accumulate sufficient savings to enable them, on retirement, to live on the interest alone and keep the principal intact. In order to maintain a reasonable standard of living it is invariably necessary to combine interest with withdrawals from principal. The question immediately arises — "If I live to the time when my principal is gone, what then?" That is a $64 question to which the majority of financial institutions have no answer.

The answer is the use of what is called the "annuity principle." The life insurance companies and the Dominion Government Annuities Branch are the only organizations prepared to apply this principle to your savings. By exact knowledge of the average length of life of a group of people reaching a certain age, they say in effect:

> Entrust your savings to us. We will pay you a certain income each month using interest and principal but with a guarantee that that income will be paid to you just as long as you may live.

In order that you may secure the maximum income possible which will also continue as long as you may need it, your pension plan should include the use of the annuity principle.

Nursing education today must necessarily be shaped to meet the needs of nursing service. Nursing education must continue to teach the technical and humanitarian aspects of nursing as it has in the past. In addition, it must prepare as well as possible nurses who will not be afraid of the leadership which is fast becoming a part of professional nursing.

— *Hospital Progress*

Communications and the Structure Study of the C.N.A.

MILDRED I. WALKER, M.A.

ONE OF THE CHALLENGES that has always been at the top of the list in the administration of the affairs of our professional organization has been: how can we keep every member of the Canadian Nurses' Association informed about nurses and nursing? Basic to this is the problem of how to impress each nurse, eligible for membership, with the fact that she must be an active and constructive member. Our sales approach has been sincere but it has not as yet been completely effective. Perhaps too much effort has been made to have the communications flow *to* the nurse, rather than a two-way flow — that is, to and from all nurses whether members or non-members. How enlightening it would be to take an interest poll on the Structure Study — a topic that concerns every nurse! What would be the results if we could stop each nurse in Canada at this moment and ask her, "Would you please give me your interpretation of the Structure Study? Why was it launched and what will it accomplish? Did you, as a nurse, obtain a copy of the Study and did you assist others to critically appraise the suggested changes?"

At a recent meeting of the Executive Committee of the Canadian Nurses' Association, the chairman of one of the national committees stated that she felt the area most difficult to understand was communications (see page 51, Structure Study). Effective communication is not only a problem for nurses — it is truly the challenge of our age. Scientific developments in communications, such as radio, television, travel, etc., outdistance the acceptance and use of these by man himself, thus creating a cultural lag. Industrial management is aware of the important role that communications play in industry, and it is now spending considerable effort on schools of human relations so that members of the management-employee team can improve the two-way flow of communications for better understanding and thus increase job satisfaction. The Structure Study came about because of the urgent need for better communications among all nurses. There are other reasons but the main purpose here is to impress our membership with the need for the Structure Study to bring about better interpretation of the C.N.A. to ourselves, our associates, and to the consumers of nursing.

According to the history, the Structure Study was conceived in 1950 because the Committee on Public Relations "had been having some difficulty both in clarifying its own functions in relation to publicity work done in National Office and in understanding the contribution it should make to other committees and to the provincial associations. It, therefore, recommended that consideration be given by the

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MILDRED I. WALKER

Executive Committee to the possibility of having a Structure Study of the Canadian Nurses' Association undertaken" (page 7, History of the Structure Study). The history further points out that nurses who were active in the Association felt that there was a growing need for a critical appraisal of the structure and function of the C.N.A. A critical professional appraisal gives us an opportunity to discover our strengths as well as those areas that need to be strengthened. We recommend to each nurse that she read again the complete Structure Study Report, beginning with the author's note on page 3 in which Dr. Jewett states that, through her conferences with Canadian nurses, she has become so completely wrapped up in nursing affairs that she "shall probably never become completely unwrapped." When she spoke in Ottawa to a group of nurses a year later, she left us with this same feeling. Ours is a fascinating story and we must learn to tell it better. We are left with the challenge of improving communications among all nurses from the most easterly tip of our country in the Atlantic to the farthest point on the Pacific and all areas between.

The author's note regarding her contacts with Canadian nurses is comparable to the rich experiences of the group who travelled with the Civil Defence team giving instruction in the Nursing Aspects of A.B.C. Warfare across Canada in 1951. In Halifax, where the first course was given, the nurses urged us to let them know how the other nurses in Canada felt about the concepts of the instruction, which were new to Canadians at that time. It was a pioneer project that expanded the scope of nursing and, like the unknown, there was apprehension until the concept of Civil Defence was accepted.

Among the hundreds of nurses we met was one dynamic, young public health nurse whose field of duty was high in the Rocky Mountains. Although she was a member of the British Columbia staff, Edmonton was more accessible to her than Vancouver because she was on the eastern side of those great mountains. In the communications process, the location of the nurse is important. She may be giving nursing service high in the Rockies or down at the coast; she may be located on the prairies or by one of the great rivers, such as the St. Lawrence. Her service may be given in a large hospital whose management administration is equal to any great industry, or it may be to a small, rural hospital where the staff members can see each other within a few minutes. Each is equally important to the individuals served and to the functional unity of the professional group.

A stimulating assignment is the establishment of better communications within the nursing group and the interpretation of nurses and nursing to the various publics. Good public relations begin at home in our nursing services. Because of this, nurses must practise good human relations as an aid to job satisfaction. If this is assured, the nurse in turn will express confidence and support in her nursing service of those Canadians who are facing a new life, being restored to health, or facing the ultimate challenge of life — the final hour.

Greater solidarity will evolve from better communications as the individual member becomes better informed, is identified with the group, and does something to justify the benefits of her professional membership. She will, in turn, become a public relations officer for nurses and nursing. At present, she gives out impressions to her public about the Association. Let us enlist her support for a planned, active program. Communications in the future must not be left to the executive officers. Let us distribute the responsibilities among all members of the Association. Responsibility and participation tend to increase interest and to engender a feeling of personal accomplishment.

What can each nurse do about unity? Let us hear from you — at staff and district meetings, at the national meeting, and through our first medium of communication, *The Canadian Nurse*. Have you had the experience of writing an article for our official *Journal* or some other professional

publication? Scottish friends say it is a humbling experience to express in writing our impressions and feelings. Perhaps you are among those who have attempted to write, only to find yourself running out of ideas. If you have not shared in the communications process of our organization through the official *Journal,* may we urge you to write comments, favorable or unfavorable, to those authors who contribute from time to time. If you participate, it aids in the two-way flow of communication mentioned previously. Some nurses have written articles and have received no comments whatever from the readers. Canadians are not so prone "to take pen in hand" but in the future we hope this practice will be changed. The editor and conveners of publications will welcome a break in the silence.

As convener of the Public Relations Committee, I am impressed, as others before me have been, with the need for better communications among the nurses in Canada. *The Canadian Nurse* is an excellent medium to implement the distribution of information. It reflects Canadian nursing. It is hard work to write creatively for professional reading. In the process, the writer must be sufficiently mature to accept editing and criticism, but the satisfaction derived from contributing to the record of nursing accomplishments far overshadows the difficulties encountered.

If you feel keenly about the structural changes, write it down. Many of the changes suggested by the Study have been made effective. There was a sincere effort on the part of all nurses attending the October Executive meeting to come to a working agreement on the points still left to be voted upon, such as the representation from various groups. Through district and provincial representation, every nurse has the privilege of expressing her feelings about these structural changes. If this is done, the sharing of responsibilities will bring unity.

There is a democratic principle that is basic to good personnel administration and that will strengthen morale (a state of faith). This principle states that when any change is made that affects the way of life of an individual, that person should share in the formulation of the personnel policy influencing the change. If the person affected cannot share directly, at least she must be informed of the change and assume responsibility for the acceptance of the policy. As professional personnel, eligible for membership in the Canadian Nurses' Association, it is the responsibility of each of us to study carefully and objectively the proposed structural changes of our official organization.

The challenge of our age is better communications, in order that we may have better understanding of our own needs as well as those of our working associates and our public. The Canadian Nurses' Association requires the assistance of every nurse in Canada eligible for membership. It is our responsibility to give the president and her Executive members an idea on how to implement the structural changes now overdue, so we may meet the professional needs of our great nation, which has already undergone history-making economic expansion. What a future the young Canadian nurse has before her!

These Might Not Have Been Born . . .

Napoleon was one of 13 children. Gainsborough was the youngest of 9 and Sir Thomas Lawrence was the last born of 16. Thomas Arnold of Rugby was the youngest of 7 and he himself fathered 9 children, the eldest being Matthew Arnold. Robert Burns was the eldest of 7 and Sir Walter Scott was one of 12. Thomas Campbell, the poet, was the youngest of 11, as was also Samuel Taylor Coleridge. Susannah Wesley produced 18 children, including the notable John and Charles, as well as a bevy of brilliant girls. Elizabeth Barrett Browning was the eldest of 9 and Sarah Siddons was the eldest of 12. Jane Austen was the youngest of 7.

—*Scotsman*

Land of Opportunity

HUGH DEMPSEY

THE PROVINCE OF ALBERTA has one of the most optimistic outlooks of any area in North America today. The two major cities — Edmonton and Calgary — claim to be the fastest growing in Canada. The provincial debt has been reduced to its lowest point in history and a new era of industrialization is becoming firmly established.

The event that heralded this new and impressive era was the discovery of oil in the Leduc field in 1947. This was followed by the development of other oil fields such as Woodbend, Redwater and Wizard Lake, to increase Alberta's oil production from 6,700,000 barrels in 1946 to almost 59 million in 1952. Pipelines have been built to carry crude oil from Alberta to eastern Canada for the benefit of Ontario and Quebec consumers and from Alberta to Vancouver to serve the west coast.

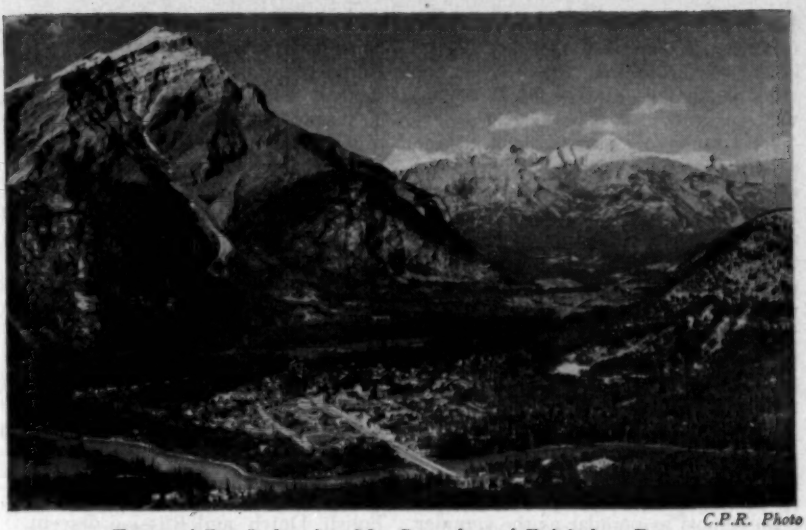
The most impressive changes can be seen in the cities of Edmonton and Calgary. The eastern outskirts of Edmonton have been nicknamed the "industrial area" because of the numerous new industries that have been developed there. Among the most impressive of these is the $65 million cellulose acetate plant of Canadian Chemical Co. Ltd., the $17 million nickel plant of Sherritt-Gordon Mines, and the $14 million polythene plastic plant of Canadian Industries Limited. Other new plants constructed in the "industrial area" include the Tartan Chemical anti-freeze plant, the Dominion Oxygen oxy-acetylene plant, the Building Supplies roofing material plant, and many others. All of these plants have been constructed within the past five years. All chose the Edmonton area because of the available supplies of crude oil and natural gas.

The discovery of oil in the rich farming area around Edmonton has left its mark on the city. Large blocks of land within the city limits, which a few years ago were open fields or market gardens, today are the sites of large-scale building projects. Since 1946, Edmonton's population has doubled. The city directory reveals a long list of new businesses handling oil field supplies, oil equipment, or material for industries allied to the oil industry. Existing department stores have been enlarged and many smaller firms have located in the city.

Calgary, the southern neighbor of

Alberta Govt. Photo

The city of Calgary



C.P.R. Photo

Town of Banff showing Mt. Cascade and Fairholme Range

Edmonton, has paralleled the capital city in its growth. Among the new industries there are the $8 million explosives plant of Canadian Industries Limited, a valve plant of Crane Limited, a battery manufacturing plant, and many more. Here, too, rapid expansion has been experienced and the population figure has jumped appreciably, making Calgary second only to Edmonton among fast-growing cities in Canada.

In the face of the rapid industrialization in Alberta, farming has not gained such widespread acclaim. However, agriculture still remains the backbone of the provincial economy. Without the valuable production of grain, cattle, and other farm products, Alberta could not possibly retain the enviable position it holds today. In 1952, for example, the total value of Alberta's agricultural production was more than $767 million.

The leading role taken by farmers from Alberta at the Toronto Royal Winter Fair and at the Chicago Fair reveals their important contribution to the rest of Canada. In 1953, Alberta farmers won the championship titles in Toronto for the quality of their wheat, rye, barley, oats, and forage seed in competition with farmers from all parts of Canada and the United States.

In addition to the production of grains and livestock, Alberta has gained considerable prominence for its sugar beet and vegetable canning industries. Irrigation in the southern areas has made the sugar beet industry an important source of income in the once-arid regions, while the production of peas, beans, corn, cucumbers, and other vegetables has brought new work to the Lethbridge and Taber areas.

The province's other natural resources are numerous and varied. There are large tracts of forests from which thousands of feet of lumber, railway ties and telephone poles are taken. There are the coal mines in the Crowsnest Pass, Drumheller, Edmonton, Coal Branch and other areas which have large proven reserves but few markets, because of the availability of natural gas as fuel and the use of diesels by railways. Then there are the many other sources of income found in salt, sulphur, pottery clay, cement, fish and wild fur.

There is another natural resource that cannot be measured by barrels or tons and whose annual financial return cannot be measured in dollars and cents. This is *Alberta's beauty*. There is the breathless magnificence of the

Rockies: once seen they can never be forgotten. There is the beauty of the lakes, of the rolling prairies, of the wild woodlands, and of the untamed wilderness.

Thousands of tourists flock to the province each year to rest or play amid the beauty of the Alberta scenery. Most of them prefer the two famous national parks — Banff and Jasper. Others come to see the Calgary Stampede with its western atmosphere reminiscent of a bygone day. Alberta also has become popular as a "jumping-off" place for the Alaska Highway and has lured many visitors back year after year.

Beside its widespread fame as a summer playground, Alberta is gaining an enviable reputation as a winter sports centre. Skiing at Banff has become almost as popular as the summer activities, with the chairlift on Mount Norquay providing a welcome assist to those who like to skim down the mountainside on the waxed hickories. The ski runs on Mount Norquay have gained such international attention that they will be the site of the F.I.S. World Championships in 1958.

In other parts of Alberta, both summer and winter sports have brought acclaim to the province. In the summer, two professional baseball teams compete in a Canadian-American circuit, while in the autumn, Calgary and Edmonton raise their colors when the football season gets underway. Winter is marked by the activities of two professional hockey teams and numerous amateur senior, intermediate, junior and backyard competitions. Other sports that take a prominent place are horse racing, boxing, speedboat racing, cricket, and golf.

The population of Alberta is one of the most cosmopolitan on the continent. A recent census revealed that persons of British origin account for about half of the population, followed by Ukrainian with 10 per cent, German with 9 per cent, and French with 6 per cent. Among the other nationalities with more than 2 per cent representation are folk of Scandinavian, Polish, Dutch, and Russian descent.

With such a varied background of nationalities, Alberta is developing a colorful cultural pattern. Native music and dances of Europe are familiar to most Albertans and the picturesque costumes of the "old countries" are prominently displayed at fairs and pageants. These people are proud of their mother countries. But, like the newer settlers, they are prouder still to be Canadians and to live in this land of opportunity.

The Golden Thread

WILSON M. COMPTON

In the world today are seven great religions. Each has its own historic background, its own creed, its own philosophy. Yet, through all of them runs a golden thread of the "good neighbor," a distillation as it were of the accumulated experience of mankind. These are the tested teachings of the world's great religions:

"The true rule of life is to guard and do by the things of others as they would do by their own."

This is the *Vedas* of the Hindu.

"One should seek for others the happiness one desires for one's self."

This is the *Mahayana* of the Buddhist.

"Do as you would be done by."

This is the *Zend Avesta* of the Persian.

"Do not do unto others that which you would not wish others to do unto you."

This is the *Lao Tse* of Confucius.

"Let none treat his brother as he himself would dislike to be treated."

This is the *Koran* of the Mohammedan.

"Whatsoever you do not wish your neighbors to do to you do not do unto them."

This is the *Talmud* of the Jew.

"All things whatsoever ye would that men should do to you, do ye even so to them."

This is the *Golden Rule* of the Christian.

Here then is history's greatest lesson: A rule of life.

— *Youth Leader's Digest*

The End and the Beginning

JOSEPHINE MCLAREN

Editor's Note: We have had stories from time to time of the preliminary student's personal reaction to the wrench of leaving home and loved ones to become a part of the stream of young women entering our schools of nursing. Josephine McLaren is the pen-name of the mother of one of these fledglings who began her training last September. We are indebted to *The Ottawa Journal* for permission to bring to our readers this story of the break with home ties, of the wonderings of parents, of their new feeling of being a part of the present-day program of healing the sick and promoting health.

* * *

AT LAST THE GREAT DAY has arrived. It is a brisk, beautiful morning in September, and the four of us are up bright and early for the journey to the Big City and the Great Adventure.

Everything has been already packed the night before, the suitcases closed, locked and carried downstairs, the new coat and one or two dresses ready on their hangers to be hung into the back of the car, the portable radio laid beside the rest of the baggage, and last, but by no means least, a few favorite books — a volume of Dickens, a volume of Thomas Hardy, O. Henry's Short Stories, and the new black morocco hymnbook.

A hasty breakfast is over and the dishes done. The weather report? Thank goodness "clear and warm" — not even cloudy periods! — thus fitting in with the mind of the Adventuress, and mitigating the separation for the other three.

She says good-bye to the dog — her dog. "You'll be a good dog, now, won't you, till I come back? Don't get too fat, and don't bark too much at the squirrels in the back garden, and don't, whatever you do, get lost!"

Now we're all in the car, all the luggage is in too, the front door is closed firmly behind her, and she throws one last look at home.

The drive down the Ottawa is lovely almost beyond description. Surely the river has never been so blue, nor the sky so cloudless, nor the trees, with autumn gold and red, so poignantly beautiful. I'm sure she feels the richness of every moment.

Soon, the Mountain with its domes and towers and spires comes in sight and we know that we are almost there. The traffic increases with each quarter of a mile and at last we are in the centre of the huge city, searching for a spot to park while we go and have a meal. Difficult as parking may be in our home town, it seems doubly difficult here among unfamiliar streets and signs, and "one-ways" where one couldn't be expected to anticipate them. Finally, we risk an opening which, as time was to tell us, was as impossible as we had feared, for we come out from a hurried and crowded meal to find our car graced with a police ticket demanding $5.00 for a parking offence — a somewhat expensive lunch, we ruefully agree, but now there is nothing to do but pay up and forget.

Now for the real Adventure! We set our faces towards the Hospital and with no little excitement drive down the busy streets. Narrower and narrower they become and less and less like the streets of Home, until the young brother is horrified at the mere thought that we, who had been here before, should have actually consented to his big sister's living there. It is inconceivable, he feels, that she, who has never known other than the fine green avenues of Home, should be allowed by her parents to live in surroundings without trees, grass, birds and squirrels! But by now the die is cast — nothing can be done even if she wished to change her plans, so on and on towards the Hospital we move.

There it looms in front of us, its old walls grey and forbidding even in the sunshine of today — its windows

blank, but hiding behind their apparent stolidity what unknown depth of suffering and fear, what height of fortitude and acceptance, what wealth of charity and care and tenderness, and what miracles of healing!

Our men-folk are not permitted to enter the Nurses' Residence so she and I, with the help of an orderly, unload the suitcases and make our way indoors. At the desk, a smiling face informs us that her room is No. 501 and will we please take the elevator over there in the corner?

Here we are, Room 501, and is that a note stuck on the door? Yes, and how very, very thoughtful of her Big Sister, a completely unknown student of the February class who has volunteered to be Big Sister to a few of the incoming youngsters. "Hi," she says, "so you've made it at last. Welcome to these hallowed halls!"

What reassurance comes in these glib and flippant remarks — a reassurance of someone's having been through all this before and, to the mother, a knowledge that in six months' time her now somewhat diffident daughter will be someone else's comforting and confident Big Sister.

Room 501 is tiny but adequate, in that it is comfortable and private. We unpack the suitcases into the drawers, hang up the dresses in the cupboard, and peep into every corner. Soap? — yes, and towels too — locks on all drawers and cupboard, the desk fully stocked with writing paper and envelopes, and the bed lamp in good working order. And so I leave her for an hour, during which time the three of us walk around the unknown streets and she and her fellow-students meet with the "chiefs."

At four o'clock we are back, for all parents and friends are invited to tea to meet with the students and the staff. Tea is served in the graduates' lounge. There are lovely flowers and lovely food, and nurses immaculate and friendly or immaculate and awe-inspiring as the case may be. There are mothers and aunts and cousins, at least one young brother, and a few fathers . . .

But, oh, the students! We look at those fresh, shining faces, those clear, eager eyes, those strong, firm limbs, and we see ahead of them the years of devotion, of service, of fun and of adventure. We see them perhaps in war, though we pray for peace. We see them learn to take life and death, fun and frolic, danger and drudgery, in their same gallant stride. And some of us would have given much, much to have been 18 again, and on the threshold of life.

We look and wonder who will become her friends? Whom will she bring home first as a guest to share her erstwhile bedroom with her? Who will last through all the changes of life to the years when they will laugh together with their husbands and children and say to each other "do you remember?"

Tea over, and the how-do-you-do's to the other parents said, we bid farewell to the nurses and, with a last hug, we leave her to her new friends, her new bedroom, her new experiences, her new life.

And so home — to our new life in the old Home, a life where we feel deprived of something: for now we set the table for three instead of for four; there is less washing and ironing to do; we listen to less radio; and we hear no snippets of song sung in her sweet young voice as she pottered about the kitchen.

But we return also to a richer life. Do we not now share the vicissitudes of hospital life in a Big City, and find, quietly but surely, that Home has become a very dear place to her, and so also to us, and that as we come to the end of what was, we but face the beginning of what will be?

A flameproof garment with an aluminium foil innerliner has been developed by Treesdale Laboratories & Textile Processing Co. The chemically processed clothing permits steelworkers to work for as long as three minutes in temperatures of 700-800°F. The foil gives up to 80 per cent heat reflectivity.

— *Alcan Ingot*

Institutional Nursing

Mental Health Lectures for Student Nurses

D. F. ROBERTS, M.A.

LAST FALL, for the third consecutive year, a series of from 12 to 15 lectures in mental health was given to the entering class of student nurses of the Sudbury (Ont.) General Hospital. It seems that this lecture program is unique in some ways and that a brief description of it may, therefore, be of interest.

Lectures in mental health, whether or not they are called by that exact term, are of course the rule rather than the exception. The increasing emphasis of psychiatry on understanding not only the illness but the person who is suffering from it as well as on the application of the social sciences generally in understanding the individual all are reflected in modern nursing curricula. This particular series, however, may differ from most in that its prime purpose is not direct factual instruction. Psychological group tests and informal class discussions of these are used as a point of departure in stimulating greater self-understanding and constructive self-analysis. There are no examinations and no grades are assigned.

The first lecture begins with a brief description of what psychology is, how it differs from psychiatry, psychoanalysis, and social work and then proceeds to a short, "homemade" test of the true-or-false type, based on popular misconceptions relating to the psychological field. Each student then corrects her own paper and the questions start . . . One girl has always believed that criminal tendencies are hereditary. Another is sure that we are all born with the same intellectual capacity and that academic achievement is mostly a matter of will power and wants to argue the point. A third is convinced that attempting not to think about serious, disturbing personal problems is a healthy way of surmounting them. A fourth is surprised to find that psychologists do not believe in unlimited self-expression as the ideal for small children — and so on.

These questions, and others as they arise, are discussed in the weeks that follow. The group tests are introduced roughly every other lecture. The following tests have been employed: The Otis Intelligence Test, the Wrenn Study-Habits Test, the Bennett Test of Mechanical Aptitude, the Kuder Interest Inventory, the Bell Adjustment Inventory, and the Thematic Apperception Test. This last is a "projective" test, in which the individual projects something of himself in the stories he tells to pictures. This year it is planned to include a sentence-completion test, in which answers may give some leads on personality. For example, if to an incomplete sentence such as "I entered nursing because. . ." one student added "my parents wanted me to" and another added "I have always wanted to be a nurse" a rather marked difference in motivation might be suspected.

Following each test, something about its significance and usefulness in psychology generally is presented. In this

Mr. Roberts received his B.A. in English at the University of Manitoba. He was an educational and personnel officer in the R.C.A.F. He received his M.A. in Psychology at the University of Toronto. Since 1950, Mr. Roberts has been connected with the Mental Health Clinic at the Sudbury (Ont.) General Hospital as clinical psychologist.

way a practical introduction to clinical psychology is given. The focus, however, is on the relevance to the individual nurse of mental health principles arising from her own answers and reactions to test discussion. For example, following the personality tests, a period or two might be spent in talking about such things as: the emotional basis for psychosomatic symptoms in general; the effect of parental relationships on personality development; defence mechanisms such as rationalizing, daydreaming, undue aggressiveness, etc. Treatment of this material cannot, of course, be comprehensive in the time available but with the aim of stimulating greater self-understanding, discussion follows the interests of the group.

Following the projective test, class discussion might focus for a time on the idea that our own feelings, fears, skills, etc., greatly influence our interpretation of events and people. The class might debate the statement that "we see things not as *they* are, but as *we* are." This might raise profitable questions for a girl who felt that everyone disliked her or that the nursing instructors were always unfair in their grades and criticisms. Similarly, following the ability tests, discussion might concern individual differences in various kinds of ability, the basis and importance of these, and the particular abilities and interests demanded by different fields within the nursing profession.

The study-habits test encourages each student to make an inventory of her own study patterns with the aim of using her time more effectively. Many students tend to rely unduly on straight repetition and rote memory in study. Associated with this habit is the idea that the mind is like a muscle that can be mechanically exercised into an ever-increasing capacity. The alternative proposition — that genuine interest and good motivation are of prime importance in any type of learning — can lead to profitable discussion.

Various other devices are employed to stimulate critical examination of principles relating to self-understanding and maximum achievement. For example, students are asked to keep a diary for several consecutive days, keeping exact track of how each minute is spent. Some are surprised to find that they have spent more time on their hair and nails than on study; others, that they have spent only 20 minutes of a nominal hour and a half in actual study, the rest being occupied by daydreaming, telephone calls, etc.; still others, that their conscientious study program of four hours a day is a poor one, since it leaves no time for loafing or recreation. Mental health films are also shown and discussed from time to time during the year.

One of the constantly recurring subjects is that of basic points of reference in understanding people. All too often understanding begins and ends with a moral judgment. For example, someone might suggest laziness as the explanation for poor achievement, with greater effort, greater willpower as the cure. Discussion may lead eventually to the challenging idea that what seems to be laziness may be a mask for fear of failure, for preoccupation with other problems, for lack of adequate real interest, and that the "cure" will not lie in a pep-talk or a good resolution but must rather somehow get at the real basis of the trouble.

All tests except the intelligence test are returned to the students after being scored. The I.Q. results are withheld because they are at times inaccurate and are likely to give rise to misinterpretation and undue anxiety. Students are given the opportunity to discuss tests individually and about half do so. In these individual interviews, personal problems that may have been suggested by the tests are discussed and occasionally a more definite individual test is given. Test results are kept strictly confidential and are discussed only with the director of nurses, with the consent of the individual student, in problem cases involving some emotional difficulty or poor academic progress. A few of the girls are fearful at the prospect of being tested. They are reassured somewhat by emphasis on the fact that the aim of any mental health program is positive, fostering more effective, hap-

pier lives through developing assets rather than agonizing over deficiencies which we all have.

As in the case of all practical health programs, it is very difficult to evaluate results objectively. An attempt is made, however, to gauge effects of the course through having students write appraisals of it. These may be unsigned if desired and adverse criticism is encouraged. A few students express lack of interest in some of the subjects, a few seem mainly motivated by politeness in saying rather unconvincingly that it was very enjoyable. Most suggest some definite concrete new interest or insight into behavior and a few others write that it has made an enormous difference to their general outlook. In a few cases, changes in general outlook have been unmistakable, both to the teaching staff as well as to the writer. Class interest, which usually seems fairly lively, is probably another valid indication that the program is worthwhile.

The test program is in no way a selection device — no student is rejected purely on the basis of test results. In the case of one girl, however, the teaching staff had grave doubts as to the likelihood of her succeeding in nursing, since she was achieving very poor grades with very great effort. Test results definitely supported the director's reluctant decision to ask her to discontinue the course. On the other hand, in the case of a student making poor initial progress, tests may show a good basic nursing aptitude and suggest that continuation in the course is desirable.

At the outset of the program it was thought that the tests might form a basis upon which future achievement in training might be judged and research possibilities were noted. It was soon realized, however, that appraisals were indefinite in some respects, particularly in the cases of those students who did not desire office interviews and who did not take a very active part in class discussion. Adequate research would necessitate testing and interviewing prior to admission to training. This would be time-consuming and would change the main focus of the program. As it is, students who are likely to be outstanding in one respect or another, usually are found to stand out in some way in class or on tests.

Probably, therefore, the main purpose of possible future lecture series will continue to be that of promoting greater self-understanding as a basis on which to understand others more adequately.

The program described above has been developed "from scratch," and is being modified from year to year. I would be very interested to have details on other similar courses.

By Chuckles, P.R.N.

The function of the stomach is to keep food alkaline.

Oversecretion of the adrenal gland will cause asthma.

The function of the ovaries is to relieve ova.

Precipitate delivery . . . occurs when the fetus weighs 5½ lb. and is viable.

Puerperal sepsis is the technique carried out to prevent the mother from getting any infection.

The sphenoid is located in the skull; it has Turk's saddles; the pituitary gland resides here.

Retention of urine means the wilful holding back.

Embolus is a rounded mass of food in the stomach.

Erb's paralysis means lack of movement of the fetus in utero.

Thrush is an infectious disease having the appearance of a rash. It is due to vitamin A deficiency because of improper intake of vitamins by the mother during the antenatal period.

Did you know that it takes one pint of blood to manufacture one injection of gamma globulin to fight polio? The blood is supplied by you through your Red Cross.

Travail au Maroc

CLAIRE RAYMOND

DANS LE SENS de notre concept occidental du terme civilisation, le Maroc est un pays neuf de dix ans, un pays malgré tout peuplé de 8,000,000 d'habitants héritiers d'une civilisation vieille de milliers d'années et essentiellement différente de la nôtre dans ses données et sa finalité. Le temps, la durée qui règlent nos vies n'ont ici qu'une importance relative: les Arabes en général ne connaissent pas leur âge, fait qui nous surprend beaucoup nous occidentaux, européens ou américains, qui arrivons si difficilement à oublier le nôtre! Ce détail nous éclaire sur la difficulté de les juger objectivement si on se place vis-à-vis d'eux, en dehors d'eux en comparaison de notre propre mode de pensées et de vie.

Pour moi, infirmière du continent américain absolument ignorante du pays et du peuple nord-africain, les contacts avec les milieux musulmans furent d'abord extrêmement déconcertants malgré tout l'intérêt suscité par l'élément pittoresque de mon entourage. Le charme de mes notions touristiques s'évanouit rapidement quand je me retrouvai seule au milieu d'une trentaine d'écoliers arabes, criant à tue-tête dans l'infirmerie de l'école et se bousculant pour être tous soignés le premier! Et le lendemain j'étais encore plus étonnée de constater que tous les pansements que j'avais faits avaient disparu! Je me suis aperçue que la majorité se présentait aux soins par jeux, par mesure de distraction pour d'insignifiantes égratignures mais qu'on cachait soigneusement des plaies infectées et sûrement douloureuses. Je dois encore essayer de comprendre beaucoup de ces réactions qui paraissent pour le moins bizarres chez des garçons au-dessus de 12 ans. J'ai heureusement réussi à les accepter ce qui est déjà un pas nécessaire vers la compréhension et un palliatif contre le découragement. Je crois que ce qui compte le plus c'est l'attitude personnelle, humaine qu'il convient de maintenir à son plus haut degré de spiritualité, et c'est dans cette perspective qu'on pourra obtenir réciproquement l'acceptation et la compréhension de nos méthodes d'hygiène et de médecine.

LA LUTTE CONTRE LE TRACHOME

Malgré ces difficultés inhérentes la France a mis sur pieds une vaste organisation qui couvre tout le pays et tous les secteurs d'hygiène publique. Les succès remportés sont grands et même spectaculaires spécialement en ce qui concerne le traitement et la prévention des maladies oculaires qui sévissent ici à l'état endémique et font des ravages

Le traitement à l'école

Mlle Raymond est diplômée de l'école d'infirmières, Hôpital Notre-Dame de Montréal, et de l'Ecole des Infirmières Hygiénistes de l'Université de Montréal.

effrayants. Les mendiants aveugles sont la première chose qui frappe les touristes. Les lourdes paupières tombantes qui obligent le malade à tenir la tête haute pour regarder sont interprétées faussement comme une caractéristique des races méditerranéennes au même titre que la peau brune et le nez aquilin. En réalité c'est un épaississement des paupières dû au trachome et c'est souvent un pas vers la cécité — c'est dire, à quel point le mal est répandu.

L'organisation de la Santé Publique au Maroc s'est largement attaquée au problème. Pour l'atteindre à sa base elle poursuit un vaste programme de dépistage et de traitement scolaire. Travaillant moi-même avec cette équipe scolaire, je parlerai spécialement du trachome et de son traitement dans les écoles, dans les hôpitaux, et dans les bleds.

Le Trachome

Le trachome, florissant dans tous les pays orientaux, est une affection à virus très contagieuse, chronique, spécifique de l'enfance mais qu'on retrouve à tous les âges par suite de son évolution lente, par poussées et aussi à cause de la négligence des malades à se faire soigner. Il s'attaque d'abord à l'intérieur de la paupière supérieure sous forme de follicules et de là à la cornée. La gravité de la maladie est dans les séquelles graves qu'elle laisse au niveau des paupières, des canaux lacrymaux, et surtout de la cornée.

Le trachome se guérit assez facilement par des brossages des paupières, combinés avec des applications de pommades antibiotiques telles que auréomycine, terramycine, pénicilline, etc., ou encore par des instillations de sulfate de cuivre. Les complications se traitent par des injections sous-conjonctivales à différentes solutions mais le plus souvent par différentes interventions chirurgicales dont la plus récente connue est certainement la greffe de cornée.

Le Depistage Scolaire

Dans les écoles nous pratiquons tantôt le brossage à sec combiné avec le sulfate de cuivre et la pommade à l'auréomycine, tantôt simplement l'auréomycine au rythme de trois applications par jour pendant trois mois consécutifs. Ce dernier traitement a donné des résultats satisfaisants, peu de guérisons complètes mais partout des améliorations importantes. Il présente l'avantage d'être sans douleur et d'application facile.

L'Ecole Yacoub el Mansour à laquelle je suis affectée est un vaste bâtiment tout blanc comme la plupart des maisons ici, à 300 mètres de la mer entre les *noela* ou huttes arabes et la partie neuve de la cité. Les classes sont alignées tout le long d'une galerie qui encadre, sur deux côtés, deux grandes cours plantées d'arbres continuellement agités par le vent de mer et baignés de soleil. L'infirmerie est propre et largement éclairée. Elle est heureusement attenante à une salle d'attente où je groupe les enfants pendant que je les soigne un par un dans la pièce voisine.

En général les brossages sont bien supportés. Ils consistent à retourner la paupière supérieure avec un releveur puis à la brosser à sec avec une compresse. C'est un procédé douloureux que les petits marocains supportent avec beaucoup d'endurance car ils sont très durs au mal.

On imagine facilement le dérangement occasionné par l'irruption de l'infirmière dans les classes trois fois par semaine et même trois fois par jour, pour s'emparer de la moitié des élèves et leur pommader les yeux ou leur brosser les paupières! Quelquefois j'oublie presque mes antécédents de nursing canadien tellement ici je suis plongée dans un monde différent du nôtre pour qui il faut assouplir nos méthodes. Les principes d'asepsie sont forcément soumis à un régime de grande élasticité qu'on doit au besoin limiter à une honnête propreté si toutefois elle est encore possible; mais compte tenu du milieu et avec le secours des antibiotiques qui agissent particulièrement bien chez des enfants peu habitués à en recevoir, on s'en tire honorablement sans incident ni accident.

Au fil du travail j'apprends à me débrouiller en langue arabe au moins pour les besoins du traitement. Ouvre les yeux, regarde en bas, regarde en

haut, etc. Déjà la prononciation des noms est une excellente gymnastique de la langue et aussi de l'esprit parce qu'il est plus facile de distinguer un enfant d'un autre par sa tête rasée, sa longue mèche de cheveux tressés, ou la couleur de sa peau ou de sa chemise que par son nom qui peut être le même pour plusieurs enfants et peut aussi changer plusieurs fois en cours d'année pour le même individu selon une hiérarchie familiale que j'ignore mais qui constitue un casse-tête dans une école de 700 élèves!

L'année scolaire terminée, pendant les vacances l'hygiène scolaire organise des camps spéciaux pour trachomateux. On groupe les plus malades des écoliers qui partent à la montagne ou à la mer pour toutes les vacances et où on les soigne activement.

A L'Hopital

A Salé, ville mitoyenne de Rabat, il y a un hôpital ophtalmologique important où sont pratiquées toutes les interventions chirurgicales oculaires, entre autre la greffe de la cornée a rendu la vue à plusieurs malades et les guérisons seraient beaucoup plus nombreuses n'était la difficulté à se procurer des yeux frais. Tous les jours des centaines de malades passent à la consultation et aux soins dans un méli-mélo grouillant très éloigné de la discipline de nos dispensaires canadiens. Les femmes portent leurs bébés sur leur dos attachés dans une espèce de longue serviette de bain: les haillons et les belles jelabas se côtoient facilement. J'ai vu une fois une grosse fatma n'accepter l'hospitalisation qu'à la condition d'amener sa domestique!

A l'admission les hospitalisés quittent leurs vêtements, prennent une douche si possible et revêtent les vêtements de coton de l'hôpital qui sont à la mode arabe. Les non alités circulent dans les couloirs autour du patio orné de fleurs et d'un petit jet d'eau rafraîchissant à regarder à l'heure du midi. C'est un coup d'oeil pittoresque que de voir ces indigents pleins de dignité plus ou moins estropiés et loqueteux accroupis çà et là dans les coins à l'ombre des galeries qui attendent que ce jour finisse et qu'un autre commence.

Dans le Bled

En dehors des centres, la Santé Publique organise des campagnes pour le traitement des maladies oculaires surtout dans le sud du Maroc où le trachome seulement atteint jusqu'à 90 pour cent de la population. Une équipe, composée d'infirmières et infirmiers, chauffeur et aides voiturés dans une camionnette médicalement équipée séjourne trois ou quatre mois dans une région donnée, se déplaçant d'oasis en oasis selon les groupements des populations. On fait le dépistage et les soins usuels sur place. Les malades nécessitant des interventions chirurgicales sont dirigés dans les centres.

Les résultats obtenus chez ces malades, et en général chez tous ceux qui ne sont pas hospitalisés, sont quelquefois entravés par suite de la mentalité des arabes. Dès qu'ils n'ont plus mal ils se disent guéris quoiqu'on fasse pour les convaincre du contraire et ils ne reviennent plus ou bien ils trouvent le traitement trop douloureux. Il y a encore la masse, heureusement en diminution constante, de ceux qui s'en remettent uniquement à Allah et négligent les moyens humains de thérapeutique.

A mon avis le dépistage scolaire est la meilleure formule qu'on ait trouvée jusqu'ici pour détruire le trachome. Puisque la maladie est spécifique à l'enfance on l'attaque à son point de départ et on évite ainsi les terribles complications qui se développent ensuite tout le long de la vie adulte.

Espérons que ce système se généralisera à tout le pays pour en faire profiter le plus grand nombre.

The largest aluminium pie pan ever fabricated was used to bake a gargantuan apple pie at last year's Washington State Apple Blossom Festival on the American west coast. It was eight feet in diameter and weighed 106 pounds. The pie, itself requiring 65 lb. of sugar, 55 lb. of flour and 12 boxes of apples, was cut with a four-foot aluminium knife!

— *Alcan Ingot*

Public Health Nursing and its Impact on Student Nurses

D. J. LAWES, E. ERICSON, I. SOWERBY, C. FENSKE, J. MANCHEE

THE HOURS have been posted for next week. One week on Public Health Observation! A new adventure in our round of nursing experiences and something to which we had looked forward with anticipation ever since we began our training.

What is on the agenda for the first day? It was back to school again while we visited a public school in a newly established and fast-growing community. Soon we were in a whirl of height-weight tables, eye charts, first aid treatments, and medical examinations by one of the three local school health physicians. Mothers who had come to be present for the examination were advised to take their children to family doctor, dentist or eye specialist for any early correction needed. We learned that the school nurses are under the local Board of Health and that they have a yearly routine to follow regarding immunizations, class and nutritional inspections, and visits to homes. Dental hygiene education is carried on by health talks, demonstrations, and the distribution of literature. In Edmonton schools during 1952, 6,382 children were examined under this service and 2,015 children had dental work done.

The afternoon was spent at a high school. Here the routine is basically the same with a few additional problems such as bones broken in football practice, ankles sprained on the basketball floor, and cuts and burns from the manual training workrooms, to add variety.

The five student nurses who collaborated in the preparation of this article are in training at the Royal Alexandra Hospital, Edmonton, Alberta.

The first day is over. What have we seen? It is a big job and there are so few to do it but all this concern over the physical fitness of the children is of vital importance to the community if the younger generation is to be ensured a healthier and fuller life.

Up bright and early next morning to make our way to the office of the Victorian Order of Nurses. The contents of those mysterious black bags were displayed and we marvelled at their compactness. We watched the preparations for the day's visiting — supplies renewed, bags packed, assignments distributed, new patients discussed. Our first visit was to administer insulin to a little white-haired diabetic lady whom we recognized as a former patient. The rest of the morning was taken up with a visit to the home of a pernicious anemia patient for her liver injection and a bed-bath with an added shampoo to a dear old bedridden lady of 90. In the afternoon there were other injections, visits to see how patients were progressing at home after discharge from hospital, and visits to new mothers for instruction in bathing their infants and a discussion of problems. At the end of the day, we had learned much about the service and discovered that last year 11,131 visits were made by the Edmonton branch.

It was nice to sleep in an extra hour this morning before travelling to the university grounds to observe at the Cancer Clinic. We learned that there are three such clinics in Alberta, located at Lethbridge, Calgary, and Edmonton. Patients attending this clinic must be referred by a practising physician. Examinations are made and authorized diagnostic procedures carried out. Recently, facilities for

x-ray treatment have been made available at the clinic. The thing that impressed us most was the friendly encouragement given the patient who has such a great horror of this dreaded disease. The fact that treatments and examinations are free makes it possible for even the poorest to have care. The tremendous job being done to renew man's faith in a life that seems shattered cannot be fully understood with these few words.

In the afternoon we accompanied the welfare nurse of a local service club to a convent where an active case of tuberculosis had been discovered. Mantoux tests were given to the sisters and students. We also made some house calls to homes of patients who had been in sanatorium, distributing clothing, milk and cod liver oil to meet their various needs.

A half-day was spent in our own hospital health service. Here our nurses and medical superintendent endeavor to maintain and promote better health standards among 750-800 staff employees. There is an active immunization program, regular medical examinations, and routine chest x-rays for all staff.

We enjoyed a trip with one of the eight sanitary inspectors employed by the city of Edmonton. The duties of these inspectors are to visit groceterias, bake shops, restaurants, drugstores, hotels, apartment buildings, beauty parlors, and barber shops to promote and maintain sanitary working and living conditions. They can make recommendations about condemning a building considered unfit or closing a shop that does not meet the sanitary requirements.

A busy day was spent at the clinic for well babies and pre-schoolers. Four nurses and three doctors supervise the feedings and physical development of these toddlers. Numerous pamphlets and circulars are available. Babies are weighed and measured, problems discussed. The immunization clinic, adjoining, provides protection against communicable diseases. The theme of preventive health measures has been clearly demonstrated today; few of us realize what life would be like if, suddenly, these services were swept away.

A visit to private industry gives us a brief view of how preventive measures are applied in an industrial health program. The industrial nurse assists in this work by health counselling in addition to a program of emergency care for injuries received at work or at home. We toured the plant and were even allowed to operate the machine that was filling a continuous line of tins with potted meat!

And so our week of observation came to an end. It will not be soon forgotten among our hosts of memories of our days as student nurses. Aside from the experience gained, we have discovered that each public health agency renders its own service but one cannot complete the job without the others. Working hard, as a team, brings us closer to the goal of a healthy nation in this Canada of ours.

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments — Hamilton: *Frances Keen* (St. Joseph's Hosp., Hamilton). Moncton: *Rosalie Robichaud* (Hôtel Dieu, Campbellton, N.B.). Montreal: *Mrs. M. A. Andrews* (Toronto Western Hosp.) and *Doris Schultz* (Provincial Mental Hosp., Ponoka, Alta.). Ottawa: *Margaret Ferguson* (Royal Alexandra Hosp., Edmonton) and *Rejeanne Vezeau* (Hôtel Dieu, Montreal). Peterborough: *Mrs. M. MacDougall* (Peterborough Civic Hosp.). Toronto: *Mrs. Joyce Depew* (Toronto East Gen. Hosp.), *Mrs. Dorothy McOuat* (Hosp. for Sick Children, Toronto), *Muriel Summers* (King Edward Memorial Hosp., London, Eng.), *Mrs. Doreen Taylor* (Ross Memorial Hosp., Lindsay). Vancouver: *Beverley J. Prince* (Vancouver Gen. Hosp.).

Transfers — *Frances Cook* from Moncton to Truro; *Dorothy MacLeod* from Huntsville, Ont., to Ottawa; *Lenore Mather* from Peterborough to Calgary; *Mrs. Helen Seibert* from Montreal to Ottawa.

There are more than a million Canadian school children enrolled in the Junior Red Cross.

Lyle Creelman *writes . . .*

IT IS A LONG TIME since I have written to my friends through these pages. Indeed the pressure of work and travel has been so great this past summer that I was about to write to our editor and suggest that it was time for "Lyle Creelman Writes" to be discontinued. Then I had a most stimulating experience — participating in a nursing conference which was attended by 47 nurses from 21 European countries. I felt I must share it with you.

The conference was held in the Hôtel du Parc at Mt. Pèlerin, Switzerland. This delightful spot is situated high on the hillside above the vineyards of Vevey and is reached by car via a winding mountain road which, incidentally, passes the new home of Charlie Chaplin and his family. Or it may be reached by a funicular that goes straight up the mountain. The balconied windows of the hotel overlook the blue waters of Lac Leman, the Dents du Midi, and the snow-covered French Alps. It was the season of the *vendanges* or grape harvest. A description of that interesting activity would be another story and not a part of this conference report. Our Swiss friends told us about the customs associated with the picking of the grapes, the wine cellars with their old and their new presses, and the delicious new wine — really just the pure juice of the grape, called *moût* — but alas! There was no time to see and to taste for ourselves!

Plans for this conference had been under way for some time and included visits by the nursing adviser to the countries and volumes of correspondence with the selected participants. Their choice of subjects for discussion centred around the following three problems:

> How can we obtain coordination between hospital and public health nursing services? What are the methods and avenues for strengthening teamwork relationships among the different nursing services? Staff education: What is it? What are some of the methods?

Like most successful conferences this one was based on the group discussion method. During the two-week period only four lectures were scheduled, the remainder of the program being left flexible and opportunity given for the participants to share in the planning.

One of our speakers was Dr. Magda Kelber who spoke on "Human Relationships in our Daily Work." She made skilful use of the flannelgraph to illustrate her talk. This was a method which the majority of the nurses had not seen or used previously and it became very popular. I am sure many yards of flannel have been purchased since.

Dr. Kelber is from Germany and is the director of Haus Schwalbach, a most interesting institution near Frankfurt. It is really a leadership training centre. The attractive little prospectus states:

> One of our main aims is the teaching of group work methods and giving of insight into its basic philosophy. In a small group the individual develops his personality and acquires habits of democratic cooperation as well as the techniques of democratic procedures, which enable him to use them in the greater field of public life.

Dr. Kelber told us of the many groups of German nurses who have come to the Haus where the discussions have centred on "Nurses and their Social Responsibilities." How encouraging it is to learn that everywhere there seems to be an awakening sense of the possibilities of group work. Dr. Kelber says, "It's in the air in Germany."

Mr. Goddard, whose name is so closely associated with the Nuffield studies — you certainly will have read "The Work of Nurses in Hospital Wards" which is a report of the job analysis study he directed in England — prepared an excellent paper on "What is Administration?" Unfortunately Mr. Goddard was ill but the paper was presented by his son. It raised many lively questions—whether

European Nursing Conference, Mt. Pelerin, Switzerland, October 4-17, 1953.
Forty-seven nurses from 21 countries.

nurses should live "in" or "out"; whether or not the matron should attend the Board meetings; whether the hospital administrator should be a professional administrator or should be a doctor. The human relationships aspect of administration was stressed as well as teamwork.

> What administration should work towards is accumulative authority woven out of the interrelated experience of all who are performing some functional part of the total activity. The greater the integrated unity, the more direction becomes self-direction and the true administrator's ideal is reached — "The show runs itself."

To arrive at a sort of agenda for the conference, the "Buzz" session technique was used. It was new to nearly everyone but judging by the favorable comments on it as a method of clarifying problems I am sure it has been utilized in many staff meetings in those countries since. Specific problems under the main themes were stated and also others that grouped themselves under the topics of integration of public health nursing into the curriculum, use of auxiliary personnel, and the relationships between medical social work and public health nursing. Do these have a familiar ring?

Special interest groups were provided during the second week for their discussion. Report-back sessions took the form of methods of staff education — symposia, panel discussions, interviews, role playing. Most of you who take part actively in staff discussions will find it difficult to realize what it means to participate for the first time in such activities, which in this case were further complicated by language difficulties and the use of the microphone. Those of us on the staff found very great satisfaction in helping members contribute in this way. One nurse who had never spoken in front of a group, after much persuasion and support chaired a plenary session. The next day she not only took part in a panel discussion but used the flannelgraph to illustrate her statements. Because of the opportunity provided for everyone to participate in some way, the amount of learning at this conference was marked. A Chinese aphorism noted recently is very apt:

> If I hear it I forget,
> If I see it I remember,
> If I do it I know.

As in all such gatherings social activities have an important place. One midweek field trip provided an opportunity to see some of the beautiful mountain and valley scenery of Switzerland as well as to taste one of its renowned dishes. Travelling by bus through the delightful Canton of Va-

One of the discussion groups. DR. SAUTER (the man in the photo) is from the Federal Dept. of Health for Switzerland and was chairman of the conference. DR. MAGDA KELBER is on his left. On his right is LYLE CREELMAN. From her right are nurses from: Scotland, Iceland, Finland, Holland, Turkey, England, Yugoslavia, Norway, Spain, Sweden, Ireland, Denmark, Switzerland.

lais, we arrived at Monthey where Dr. Repond's work in mental health is centred. Dr. Repond, a Swiss psychiatrist of international repute, with his staff of social workers, is doing outstanding work among the people of the scattered and remote mountain villages. Seated at picnic-tables the group were served *raclette*. For the uninitiated, raclette is grated cheese served with boiled potatoes and, of course, white wine. If this simple description does not sound appetizing — then come to Switzerland and try it for yourself!

On the final evening the Federal Government and Canton of Vaud were hosts at a candlelight dinner in the historic 15th century Château de Chillon and we were entertained by singers of the Canton who, leaving the work of the *vendanges*, came dressed in national costume and sang and danced to many of their folk tunes.

I must return to a more serious note and tell about the final session which took the form of an evaluation panel and a Roll Call by country. We all know the stimulus of two weeks together discussing common problems but when we return home to the routine tasks we tend to forget the many fine resolutions about putting into practice some of the new techniques learned and sharing the experience with others. To bridge this gap between the conference and the back-home situation, each country's delegation prepared a concise statement of what they planned to do as a follow-up of the conference. They were allotted one and a half minutes and the first country's representatives who were called spoke so quickly in order to get in all their plans that the interpreters could not keep up. I had been sceptical that such a Roll Call could be successful. How could 21 countries think of activities that would be varied enough to be interesting — by the time the tenth was called everything would have been said. But not at all — the interest was there to the end and everyone agreed that it was one of the "snappiest" closing sessions they had experienced.

That the conference was successful there is no doubt. The delegates decided that at the next, which will be in Turkey, the participants should be both doctors and nurses; and what could be a better theme for discussion than "teamwork"?

Nursing Profiles

Dorothy May Percy, R.R.C., who has been appointed chief nursing consultant to the Department of National Health and Welfare, is well fitted to undertake the monumental task of interpreting the role, function and projects of government to nurses and, conversely, to nurture a better understanding of the aspirations, goals and problems of our profession in the minds of governmental officials. One of her tasks will be to assist nursing to clarify its thinking and to pinpoint essential information when requests for assistance are made to the government.

A graduate of the Toronto General Hospital and holding her certificate in public health nursing from the University of Toronto, Miss Percy has recently completed an observational tour made possible by the award of a World Health Organization travelling fellowship. She studied nursing programs in the United Kingdom, Norway, Finland, Denmark, The Netherlands, and Switzerland. Since 1947, Miss Percy has been director of nursing service in the program she assisted in developing for federal civil servants. Previously she was executive secretary of the Division on Health of the Toronto Welfare Council. Prior to her active service with the R.C.A.M.C. during World War II, she was a lecturer for seven years in the School of Nursing, University of Toronto. She has also served with the Victorian Order of Nurses for Canada and on the staffs of the Toronto General and Ottawa Civic hospitals.

Possessed of a keen, analytical mind, an astute student of nursing affairs and a diligent, thoughtful reader, Miss Percy will give strong leadership for nursing in the new, important position she now occupies.

Pauline Mary Laracy has been appointed the first executive secretary of the newly formed Association of Registered Nurses of Newfoundland. Born and educated in St. John's Nfld., Miss Laracy is a graduate of St. Mary's Hospital, Brooklyn, N.Y. Following graduation she engaged in institutional nursing in New York starting out in floor duty and gradually assuming larger responsibilities. She was a supervisor at St.M.H. prior to her return to St. John's in 1944. From that time until she assumed her present duties Miss Laracy engaged in private nursing. She was president of the Newfoundland Graduate Nurses' Association, 1946-48.

Ethel May Gordon is now chief nursing supervisor with the Civil Service Health Division, Department of National Health and Welfare, Ottawa. She has been assistant supervisor since the Division was inaugurated in 1947. Born and educated in Mani-

John Steele

DOROTHY M. PERCY

Horsdal, Ottawa

ETHEL M. GORDON

toba, Miss Gordon is a graduate of the Winnipeg General Hospital. She holds her public health certificate from the University of Toronto. Following graduation she worked at W.G.H. until she became nurse-technician at the Manitoba Medical College. After five years' work there Miss Gordon joined the staff of the Central Tuberculosis Clinic in Winnipeg. Her subsequent public health experience was largely with the Victorian Order of Nurses for Canada in various Ontario communities. She was assistant superintendent of the Ottawa branch before she joined her present agency. A member of the Business and Professional Women's Club, Miss Gordon has played an active part in the development of the Industrial Nurses' Committee of the Registered Nurses' Association of Ontario.

Dorothy Hollister has become the superintendent of nursing services and nursing education at the new South Waterloo Memorial Hospital at Galt, Ontario. A graduate of the Hospital for Sick Children, Toronto, Miss Hollister has had long experience in supervisory capacities. She took post-graduate work in obstetrical nursing at Women's College Hospital. She qualified in the course in administration of nursing service at the University of Toronto School of Nursing. For the past four and a half years Miss Hollister has been assistant administrator at the General Hospital, Sarnia, Ont.

Constance Emily Wade has retired from active duty after over 20 years as public health nurse for the western district of Halifax County, N.S. A Nova Scotian by birth, Miss Wade is a graduate of Victoria General Hospital, Halifax. In 1920 she completed a course in public health nursing at the Winnipeg Training Centre of the Victorian Order of Nurses. After a time as staff nurse at the Hugh Waddell Hospital, Canora, Sask., she engaged in private nursing in the United States. She returned to Halifax and joined the provincial health service in 1932. At a farewell gathering Miss Wade was presented with a purse of money as warm tribute was paid to her fine work through the years.

In Memoriam

May Alice Bastedo, who graduated from the Toronto General Hospital in 1900, died suddenly at Victoria, B.C., on December 28, 1953, in her 85th year. Miss Bastedo had engaged in private nursing in Toronto prior to World War I. She enlisted with No. 4 General Hospital and went overseas in 1915. She saw service in France, on a Mediterranean hospital ship, and in Greece. She was awarded the Royal Red Cross for meritorious service. Following her return home in 1919 she was on the staff of Christie St. Hospital, Toronto, for some time.

* * *

Mary Agnes (Mackie) Brooks, who graduated from St. Luke's General Hospital, Ottawa, in 1920, died recently in Ottawa following a lengthy illness.

* * *

Muriel N. (Hueston) Condee, who graduated from the Toronto General Hospital in 1920, died at Chicago on December 29, 1953, at the age of 57. Mrs. Condee had engaged in private nursing prior to her marriage.

* * *

Isabel Dixon, who graduated from the Ottawa Civic Hospital in 1932, died on November 21, 1953. A former president of her alumnae association, Miss Dixon had engaged in private and general nursing. In 1943 she turned to industrial nursing for three years. Prior to her retirement from active work in 1952 she had spent four years in office nursing.

* * *

Margaret Rose Donnelly, a graduate of Regina (Sask.) Grey Nuns' Hospital, died at Pasadena, Calif., on December 15, 1953. At one time Miss Donnelly was matron of the hospital at Herbert, Sask.

* * *

Christina M. (Campbell) Edwards, who graduated from Royal Victoria Hospital, Montreal, in 1904, died on July 22, 1953, in B.C. Mrs. Edwards had been an early superintendent of nurses at the Royal Alexandra Hospital, Edmonton, Alta.

* * *

Mary Gemmell Howie, who was a senior student at the Toronto General Hospital, died there in December, 1953, aged 22 years.

* * *

Mabel Grace (Pounder) Johnson, who

graduated from The Montreal General Hospital in 1928, died in Vancouver on December 15, 1953, following a lengthy illness. Mrs. Johnson joined the staff of the Vancouver General Hospital in 1941. In 1946 she became a head nurse in the semi-private division.

* * *

Winnifred (Young) Little, who graduated from the General Hospital, Woodstock, Ont., in 1926, died in Quebec on October 9, 1953.

* * *

Leone (McCormick) Moyle, who graduated from Grace Division, Toronto Western Hospital, in 1929, died at Brantford, Ont., on December 10, 1953.

* * *

Jessie Ann Munro, who graduated from the Winnipeg General Hospital in 1923, died on January 3, 1954. Miss Munro served as x-ray technician at W.G.H. until 1929 when she joined the Bigelow Clinic in Brandon. She returned to the General Hospital where she served as night supervisor for 10 years. Ill health forced her retirement from active duty several years ago.

* * *

Edna M. Rickard, who graduated from the General Hospital, Woodstock, Ont., in 1929, died at London, Ont., on October 31, 1953.

* * *

Aida Mae (Wright) Stacey, who graduated from the Ontario Hospital, Whitby, in 1943, died at Toronto on September 3, 1953, after a year's illness.

* * *

Nellie Storey, who graduated from the General Hospital, Brandon, Man., in 1914, died in Victoria, B.C., on December 18, 1953, after a lengthy illness. Silver medalist at graduation, Miss Storey was night supervisor at B.G.H. until her enlistment with the British army nursing service in 1916. She served in Palestine and Egypt and was mentioned in despatches for her meritorious work in connection with typhus fever. On her return from overseas she took postgraduate work in hospital administration then became matron of the Union Hospital, Wadena, Sask. After 12 years there, she qualified in physiotherapy at the University of Chicago, then worked in Regina until ill health forced her to retire.

* * *

Arlene (Tom) Wigston, who graduated from the General Hospital, Woodstock, Ont., in 1942, died suddenly in Oshawa, Ont., in July, 1953.

In the Good Old Days

(*The Canadian Nurse* — MARCH 1914)

"HERE IN THE HOSPITAL, we teachers perhaps have tried to teach too much . . . we can only instil principles, put you in the right path, give you methods, and teach you how to discern between essentials and non-essentials . . . Learn to accept in silence the minor aggravations, cultivate the gift of taciturnity and consume your own smoke with an extra draught of hard work so that those about you may not be annoyed with the dust and soot of your complaints."

* * *

"A nurse may be a good nurse for a case of typhoid and give her patient excellent care without becoming much interested in the personality of her patient. However, in order to be a good nurse caring for mental illness, the nurse must enter into all the griefs and worries of her patient. His personal affairs and troubles must be her personal concern. The patient must feel and know that the nurse is giving her life's best effort."

* * *

"It is over 30 years since the infectious character of sputum from patients suffering from pulmonary tuberculosis was first demonstrated. If we accept the view that the disease is being freely spread by indiscriminate spitting in the homes of patients, in vehicles, in public theatres and in the streets, the question that must be considered is — how is this route of infection to be stopped? The method has been tried of appealing with public notices, 'Please do not spit.' These notices frequently serve to remind the casual reader that he can spit if he likes but some of us would rather he didn't. No marked decrease will be noted until there are by-laws making spitting an offence."

News and Echoes

from

Your NATIONAL OFFICE

Biennial — 1954

JUST THREE MONTHS until Banff! As this column is written, it is mid-January, cold and snowy. To project one's thoughts ahead to June would be pure luxury — not to be indulged in under any other conditions — but when it is a very vital part of one's work, it gives a welcome lift. With pre-registrations rolling in, and the final details of the program getting under way, we in National Office feel that it is almost as close as next week. In your January issue of *The Canadian Nurse*, you will have read the article written by our President, Helen McArthur, about the program. There is a welcome surprise in store for those who attend. Our opening address is to be given by a very well known figure in Canadian health circles.

A further development has taken place in the mechanics of settling our members happily and comfortably into the hotels of their choice. Baggage labels are being prepared and will be sent out to each registrant prior to departure for Banff. The labels will indicate the hotel to which the baggage is to be sent and so will speed up sorting and delivery.

Post-Convention Tours

Our very active chairman of transportation has just sent in the latest information on the post-convention tour to Hawaii, which will be found on a following page.

Reservations to Skagway, Alaska, and return on the *T.S.S. Prince George* from Vancouver, June 15, are available: — Ten days from $205 up — optional return routes include the C.N.R. from Prince Rupert or Vancouver; also from Banff by bus via the Columbia Icefields to Jasper and C.N.R. Deadline for *Prince George* is *April 1*. Apply to Mrs. E. A. Collins at address given in note below.

We have been informed that there is a *very* definite deadline on reservations for the post-convention tour to Alaska.

> ***Important***
>
> Request for Alaska reservation should be made immediately. Deadline is **April 1.** For accommodation on the *S.S. Princess Louise* leaving Vancouver June 12, write:
>
> *Mrs. Ethel Armstrong Collins, Chairman Transportation, 134 Bloor St. West, Toronto 5, Ont.*

Committee on Constitution, By-laws and Legislation

Another committee doing a very large piece of work is that on Constitution, By-laws and Legislation. For every change as recommended either in the Structure Study Report, or otherwise, the present By-law must be examined carefully, reworded as necessary, and presented to a General Meeting of the association after the constitutional notice of change has been given to each province. The committee worked during the Christmas-New Year holiday preparing these recommended changes in the Constitution and By-laws so that they could be considered at the next meeting of the Executive Committee. At this meeting, January 28-30, an entire day will be spent in discussion of the proposed amendments.

Code of Ethics

The C.N.A. Committee to draft a Code of Ethics, after the stimulus of the acceptance of the I.C.N. Code of Ethics, has been working to prepare one for Canadian nurses. Although it has not yet been presented to the Executive Committee, we hope that it will soon be ready for study by our members.

"Nursing Outlook"

In the December, 1953, issue of the National League for Nursing's official magazine *Nursing Outlook,* two articles particularly caught our attention. "The Care and Feeding of Speakers" seemed very apropos as we go into a season of district, provincial, and national meetings. The article is practical and true to life. It brought to mind one of our own experiences. Being asked to address a group of high school students on nursing as a vocation, we were well into the subject when interrupted by the chairman who just happened to be the principal. In a loud voice he addressed the group, saying: "I know that most of you are here because you wanted to miss a class but please listen to the speaker at least." And we thought that all were potential nurses and hanging on every word that was spoken! Needless to say, the talk was soon concluded and the speaker slunk away. The other article of particular interest was a compilation of university and college programs for graduate nurses in the United States. This should be of value to nurses wishing to undertake post-graduate study.

Income Tax Deductions

Practising registered nurses may deduct from total income the amount of the annual registration fee. Evidence of having paid the fee will be required. It is suggested that if the official receipt has not been retained the registration card for 1953-54 be submitted in lieu of a receipt.

Registered nurses engaged in private practice may deduct, also, their private duty directory or registry fee and all necessary expenses incurred by them in the earning of their income, including travelling expenses by car (business portion only), taxi or streetcar, and the cost of shoes, uniforms, etc. Receipts are not required to be filed with the income tax return but an actual record and, where possible, receipts should be maintained in order that expenses claimed may be substantiated as and when required by the Income Tax Department.

POST-CONVENTION TOUR TO HAWAII

Mon.	*June 14* — Lv. Vancouver.	7:50 p.m.	United Airlines flight No. 188.
Mon.	*June 14* — Ar. Seattle.	8:55 p.m.	
Mon.	*June 14* — Lv. Seattle.	11:00 p.m.	Northwest Airlines flight No. 571.
Tues.	*June 15* — Ar. Honolulu.	9:00 a.m.	

Transfer to hotel — Balance of day free.

Wed. *June 16* — Morning free — at 2:00 p.m. three-hour comprehensive tour of the city.
Thurs. *June 17* — Free.
Fri. *June 18* — At 9:00 a.m. leave for all-day circle island tour.
Sat. *June 19* — Free.
Sun. *June 20* — Morning free — at 2:00 p.m. 3½ hour Mount Tantalus sight-seeing drive.
Mon. *June 21* — Morning free — at 2:00 p.m. 3½-hour sight-seeing Koko Head-Kailua tour.
Tues. *June 22* — Free.
Wed. *June 23* — Transfer from hotel to airport.

Wed.	*June 23* — Lv. Honolulu.	8:00 a.m.	Canadian Pacific Airlines flight No. 302.
Wed.	*June 23* — Ar. Vancouver.	8:15 p.m.	

Cost — Including first-class plane fare Vancouver-Seattle and tourist class Seattle-Honolulu and return to Vancouver; transfer from airport to hotel and return at Honolulu; first-class hotel accommodation at Honolulu (two persons to a twin-bedded room with bath); sight-seeing as outlined in the itinerary *per person* — **$327.75.** Meals not included.

Cost of transfer from Canadian Pacific station to airport and return at Vancouver — $1.70.

Those who find it necessary to remain at Banff, Sat. June 12, may leave that point no later than 11:45 a.m. Sun. June 13, on Canadian Pacific train No. 7, which is due Vancouver at 8:40 a.m. Mon. June 14, in ample time to connect with the plane leaving that evening.

ALL COSTS AND TIMES SHOWN ARE SUBJECT TO CHANGE.

Nouvelles et Echos

de

Votre Secretariat National

Congres Biennal 1954

Encore trois mois et ce sera le Congrès de Banff! Au moment où nous écrivons ces lignes, il fait froid et il neige comme il convient à notre pays à la mi-janvier. Rêver à juin semble une perte de temps; néanmoins lorsque notre travail nous oblige à le faire, cette rêverie devient un réconfort. Si l'on en juge par les nombreuses inscriptions déjà rendues au Secrétariat et par la marche du programme, juin n'est pas loin.

Le numéro de janvier de *L'infirmière canadienne* vous présente un article de notre présidente, Mlle Hélène McArthur, sur le programme du Congrès. Un personnage important dans le domaine de la santé adressera la parole à l'ouverture du Congrès

Une innovation pour ce Congrès — des étiquettes pour les bagages — permettra à nos congressistes de voyager avec moins de soucis. Chacune recevra ces étiquettes avant son départ pour Banff. L'étiquette portera le nom de l'hôtel où vos bagages devront être envoyés.

Comite des Constitution, Reglements et Legislation

Un autre comité qui fait un gros travail est celui de la constitution, des règlements et de la législation. Tout changement recommandé, que ce soit dans le Rapport sur la Structure de l'A.I.C. ou ailleurs doit être soigneusement examiné. Le texte en est revisé au besoin avant d'être présenté à l'assemblée générale de l'association et communiqué au préalable à chaque province. Le comité a travaillé durant le congé des Fêtes à préparer les changements recommandés dans la constitution et dans les règlements, lesquels seront présentés à la prochaine réunion du Comité Exécutif. A cette réunion du 28 au 30 janvier le Comité Exécutif consacrera une journée entière à l'étude et à la discussion des amendements proposés.

Code d'Ethique

Le Conseil International des Infirmières lors du Congrès du Brésil a accepté un code d'éthique. Le Comité d'Ethique de l'Association des Infirmières Canadiennes est à en formuler un pour les infirmières de notre pays. Il n'a pas encore été présenté au Comité Exécutif mais nous espérons que bientôt nos membres pourront l'étudier.

Voyages Apres le Congres

La convocatrice du comité des voyages nous a fait parvenir dernièrement les informations concernant le voyage aux Iles Hawaii. Ces renseignements se trouvent sur l'une des pages qui suivent.

Voyage à Skagway, Alaska, aller et retour à bord du *T.S.S. Prince George*, départ de Vancouver le 15 juin — il est encore temps de réserver des places. Durée du voyage — 10 jours. Coût: $205 et plus. Retour au choix de Prince Rupert ou de Vancouver (C.N.R.); aussi de Banff par autocar à Jasper et par le C.N.R. Les réservations doivent être faites au plus tard *le 1er avril.* S'adresser à Mme E. A. Collins (voir adresse ci-dessous).

Concernant le voyage en Alaska, bien vouloir remarquer la date ultime de l'inscription sur l'avis suivant:

Important

Les réservations pour le voyage en Alaska doivent être faites au plus tard **le 1er avril.** Le bateau *Princess Louise* partira de Vancouver le 12 juin. S'adresser à: *Mme Ethel Armstrong Collins, Convocatrice du Comité des Voyages, 134 rue Bloor, ouest, Toronto 5, Ont.*

Deduction de l'Impot sur le Revenu

Les infirmières en service actif peuvent déduire de leur revenu, le montant de leur enregistrement annuel sur preuve de paiement. Si le reçu officiel a été perdu il est suggéré que la carte d'enregistrement soit attachée au rapport.

Les infirmières faisant du service privé peuvent déduire, en plus, leur cotisation au registre et toutes les dépenses occasionnées par leur service telles que dépenses de voyage (pour le service seulement), taxi, billets de tramways, le coût des chaussures et des uniformes, etc. Les reçus pour ces dépenses ne sont pas demandés mais nous conseillons de tenir notes de ces dépenses et si la chose

est possible d'en avoir les reçus afin de pouvoir les produire si le Département de l'Impôt en fait la demande.

"Nursing Outlook"

De la revue officielle de la National League for Nursing, *Nursing Outlook* de décembre, 1953, nous avons remarqué deux articles. L'un sur "Les Soins dont on doit entourer le Conférencier" étant donné que je suis appelée à assister à une série de réunions de districts, provinciales et nationales, cela m'a paru particulièrement à propos et m'a rappelé une de mes propres expériences. Une fois j'avais à parler à des étudiantes d'une école supérieure, de la profession d'infirmière vocation féminine. En plein milieu de la conférence je fus interrompue par le président de l'assemblée qui était le principal de l'école. D'une voix forte il se tourna vers le groupe, disant: "Je sais que la plupart d'entre vous êtes ici parce que vous ne vouliez pas aller en classe mais daignez du moins écouter la conférencière." Moi qui croyais que toutes ces jeunes filles étaient de futures infirmières et qu'elles étaient suspendues à mes lèvres! Ai-je à vous dire que la conférence se termina rapidement!

L'autre article très intéressant est une compilation des programmes d'études offerts aux infirmières par les universités et les collèges des Etats-Unis. Les infirmières désirant suivre des cours post-scolaires feront bien de consulter cet article.

Voyage à Hawaii après le Congrès de Banff

Lun. 14 juin — Départ de Vancouver.	7:50 p.m.	United Airlines. Vol 188.
Lun. 14 juin — Arrivée à Seattle.	8:55 p.m.	
Lun. 14 juin — Départ de Seattle.	11:00 p.m.	Northwest Airlines. Vol 571.
Mar. 15 juin — Arrivée à Honolulu	9:00 a.m.	

De l'aéroport à l'hôtel — journée libre.

Mer. 16 juin — Matinée libre — 2:00 p.m. promenade en autocar de trois heures dans la ville.
Jeu. 17 juin — Journée libre.
Ven. 18 juin — 9:00 a.m. départ pour excursion autour de l'île.
Sam. 19 juin — Journée libre.
Dim. 20 juin — Matinée libre — 2:00 p.m. excursion de 3½ heures au Mont Tantalus en autocar.
Lun. 21 juin — Matinée libre — 2:00 p.m. excursion de 3½ heures à Koko Head-Kailua.
Mar. 22 juin — Journée libre.
Mer. 23 juin — Départ de l'hôtel à l'aéroport.

Mer. 23 juin — Départ d'Honolulu.	8:00 a.m.	Canadian Pacific Airlines. Vol 302.
Mer. 23 juin — Arrivée à Vancouver.	8:15 p.m.	

Coût — Passage Vancouver-Seattle, première classe, et de Seattle-Honolulu et retour à Vancouver, classe touriste; de l'aéroport à l'hôtel et retour à Honolulu; hôtel à Honolulu (2 personnes dans chambres à deux lits, salle de bain); les excursions mentionnées au programme — **$327.75** *par personne*. Le prix des repas est en plus. A Vancouver, transport de la gare du Canadian Pacific à l'aéroport et retour — $1.70.

Les personnes obligées de demeurer à Banff, samedi le 12 juin, devront prendre le train de 11:45 a.m., dimanche le 13 juin (C.P.R. Train 7) lequel arrive à Vancouver à 8:40 a.m., lundi le 14 juin. Elles auront amplement le temps de se préparer au départ durant la soirée.

Le Cout et l'Horaire de ce Voyage Peuvent Changer.

I believe the root of all happiness on this earth to lie in the realization of a spiritual life with a consciousness of something wider than materialism; in the capacity to live in a world that makes you unselfish because you are not overanxious about your personal place; that makes you tolerant because you realize your own comic fallibilities; that gives you tranquillity without complacency because you believe in something so much larger than yourself.

— Sir Hugh Walpole

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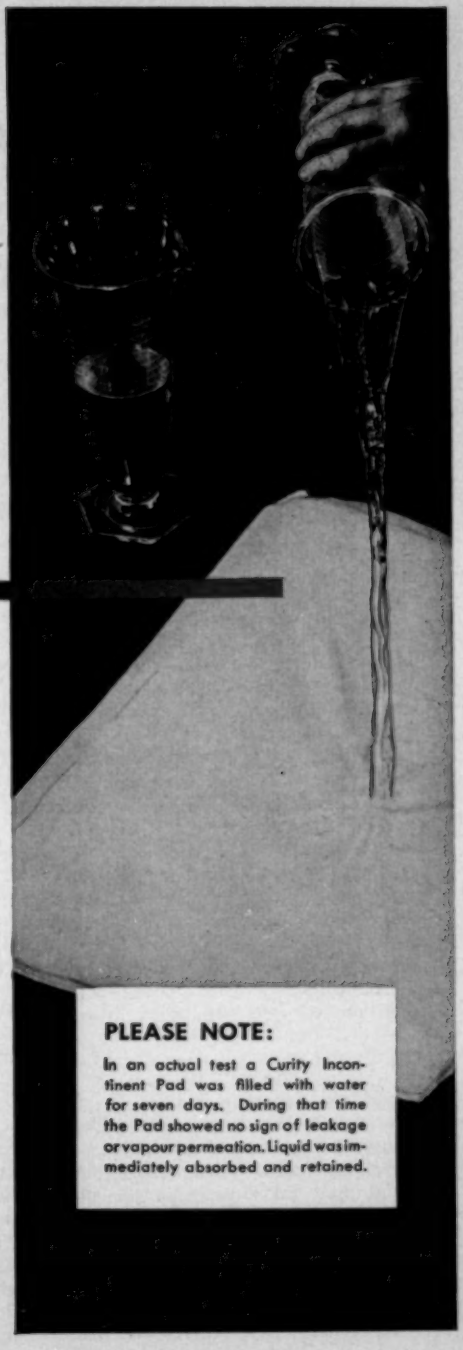

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Student Nurses

Infectious Mononucleosis

DORIS MADDISON

THE PATIENT AS A PERSON

THE SUBJECT of this study is a young girl of 16 years of age named Helen, who was admitted to hospital on November 12. The ill, irritable young Helen who came to us was quite a contrast from the bright-eyed, smiling teen-ager who, only four days before, had been enjoying the active high school life of a modern, Grade 11 student. She was very conscientious in her studies but also could be seen cheering at inter-school basketball games or taking an active part in skiing, ice-skating and other high school parties.

The year after Helen was born, her family — her father, mother, and an older brother — moved to this community. Her father has been employed by a local lumber company and is now assistant sales manager. They are not outstanding people — just an average family with an average income.

Helen was a very sick girl on admission. She was crotchety and miserable. She was acutely ill for three weeks and spent this time in a private room. Then, thanks to the diligent care of the doctors, nurses, and laboratory technicians, Helen was well on the road to recovery. Friendly and cheerful, she had no difficulty in adjusting herself when moved into the larger hospital ward.

THE DISEASE

Infectious mononucleosis or glandular fever is a rather rare disease thought to be caused by a virus. It derives its name from the significant change that takes place in the blood composition. The white blood count may rise from the normal 9,000 leukocytes per cu. mm. of blood to as high as 20,000 to 30,000. These increased leukocytes are quite different from the normal variety. They resemble the monocyte leukocyte, a large cell with a bean-shaped nucleus and blue cytoplasm, produced in the spleen and liver.

This disease is also called glandular fever because of two predominant symptoms that develop — enlarged glands and a high intermittent fever. The fever may last for as long as three weeks with the temperature rising as high as 105° in severe cases. Pain on movement of the neck results from enlargement of the cervical glands while severe abdominal pain is due to enlargement of the mesenteric glands. A pin-point hemorrhagic rash appears on the skin in the first week of illness. In severe cases the spleen and liver may enlarge. Mild jaundice may develop if there is interference with the liver function.

Infectious mononucleosis is classed as a disease of young adults. Its diagnosis is based mainly on two blood tests: the white blood count and differential, and the Paul-Bunnell test. The Paul-Bunnell is an agglutination test where the patient's serum sample is mixed with the red blood cells of sheep. If clumping or agglutination takes place the test is considered positive.

TRANSMISSION OF THE DISEASE

Infectious mononucleosis occurs more commonly during the winter and spring months. Transmission is thought to be by direct contact with infected persons. As this disease is thought to be definitely infectious, the patient is often isolated. In this hospital all cases are admitted to a medical floor and special precautions are taken by the nursing staff.

Miss Maddison wrote this study as a student assignment at the Royal Columbian Hospital, New Westminster, B.C.

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Prognosis of the Disease

The prognosis is very good. It is seldom fatal and recovery is usually complete, although care must be taken to avoid relapses or cardiac complications.

The Illness

Previous to her present illness, Helen was always a healthy child suffering only the common childhood diseases. On November 9 she became quite ill. She had a high fever and complained of tenderness in the region of the cervical glands.

The onset was sudden. By the time she was admitted to hospital a severe continuous headache had developed. The intermittent fever, accompanied by profuse diaphoresis and a continuous headache, remained for three weeks with the temperature rising as high as 104.4°.

On November 15, Helen began to complain of abdominal pain. The following day her throat became sore on swallowing and coryzal symptoms became troublesome. Her eyes were red, sore and sensitive to all light. On November 21, a fine red rash broke out over the whole body. The rash subsided in approximately five days but returned again on December 4, in a mild form. About this time enlargement of the liver and slight jaundice of the skin became apparent.

Laboratory Tests

Laboratory tests were an important factor in the diagnosis. The tests and results follow:

1. Paul-Bunnell Test:

November 15 — Negative
November 20 — Positive to serum dilution 1:1,280

Remarks: Serum dilution 1:1,280 means one part serum is mixed with 1,280 parts of normal saline. This is a very high dilution. An agglutination taking place with such a high dilution indicates that the infection is very potent.

November 25 — Positive to serum dilution 1:640

Remarks: The solution is much stronger before agglutination takes place. Therefore the infection has decreased.

2. White Blood Count Tests: (total count)

Leukocytes per cu. mm. of blood

Nov. 13	a.m.	2,000
Nov. 13	p.m.	4,000
Nov. 14		3,400
Nov. 15		4,500
Nov. 17		5,300
Nov. 19		6,200
Nov. 27		6,500

Remarks: The actual white blood counts are below normal, instead of well above it as is usual in most cases of infectious mononucleosis. It will be noted that the count increased as the disease progressed.

3. Differential White Blood Count Test: The percentage of each type of cell is indicated under its key letter as follows: (A) Mature Neutrophils; (B) Band Cells; (C) Lymphocytes; (D) Monocytes; (E) Others.

	A	B	C	D	E
Nov. 13 a.m.	24	33	41	1	1
Nov. 13 p.m.	13	29	58	—	—
Nov. 14	19	25	55	—	1
Nov. 15	17	40	43	2	—
Nov. 17	10	27	61	2	—
Nov. 19	9	22	69	—	—
Nov. 24	9	22	65	2	2
Nov. 27	5	20	74	1	—

Remarks: It will be noted that the mature neutrophils and band cells were gradually replaced by lymphocytes. It is stated in the laboratory report that "a medium number of these lymphocytes are atypical or abnormal, which is suspicious of infectious mononucleosis."

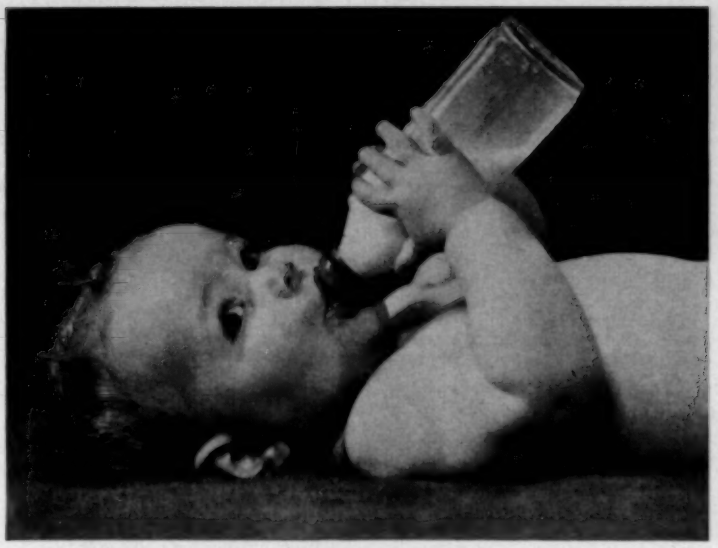
4. Hemoglobin Test: Nov. 13 — hemoglobin — 13.8 gm. per 100 cc. blood.

Remarks: This hemoglobin reading is normal. The hemoglobin is rarely affected in this disease.

5. Sedimentation Test:

Nov. 13 — Rate — 4 mm. per hour
Nov. 15 — Rate — 5 mm. per hour

Remarks: The normal sedimentation rate is approximately 12 mm. per hour. In infectious mononucleosis the sedimentation rate is usually normal. A decrease is indicative of liver disease or impairment. As this patient's liver was somewhat enlarged its efficiency may also have been affected.



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6. Serum Bilirubin Test: Nov. 16 — .5 mg.%.

Remarks: The normal bilirubin is up to .8 mg.%. As the above is within normal range the liver's bile production was apparently normal.

7. Other Serum Tests:

Test	*Result*
(a) Alkaline phosphatase	14.8 King units
(b) Total serum protein	6.1 gm. per 100 cc. of blood.
(c) Serum albumin	3.8 gm. per 100 cc. of blood.
(d) Serum globulin	2.3 gm.
(e) A/G ratio	1.7

Remarks: Since all of the results were within normal range excepting the first — 1.5 units above normal — there appeared to be no appreciable loss of kidney efficiency.

8. Urine Tests:

Test	*Result*
(a) Specific gravity	1.021

Remarks: Normal. It is rarely affected in infectious mononucleosis.

(b) Urobilinogen 4.0 Ehrlich units

Remarks: Above normal. Normal is 1.0 unit. Urobilinogen is found in increased quantities in the cases where fever is present.

(c) Bile salts Negative

Remarks: Normal. (Appear in liver disturbances.)

9. Clotting Time: Result on November 15 was six and one-half minutes. This time is normal. Clotting time is rarely affected.

Treatment and Medication

A consulting doctor made this comment and suggested the following treatment:

"It is my opinion that antibiotics will not alter the course of this girl's illness and there are no significant results in the literature. Treatment is *symptomatic:* Adequate fluid intake — 3,000 to 4,000 cc. per day. High carbohydrate diet with an additional vitamin intake. Terramycin can be tried." (Terramycin, a chemotherapeutic agent, is sometimes effective in virus infections.)

1. *Fluid intake:* "Force fluids." As Helen's intake by mouth was limited because of the persistence of nausea and vomiting, and as she was losing a great amount of body fluid by profuse diaphoresis, to prevent dehydration intravenous therapy was ordered as follows:

Nov. 13 — 500 cc. 5% glucose in saline
500 cc. 5% glucose in water
Nov. 15 — 500 cc. Code 8
500 cc. 5% glucose in water
Nov. 16 — 1,000 cc. 5% glucose in saline daily
Nov. 18 — 500 cc. 5% glucose in saline

2. *Diet:* "As tolerated." With the nausea and vomiting Helen's appetite for food was poor. High protein drinks (soya bean) were ordered.

3. *Bed rest* was necessary during the acute stage of the illness in order to ensure a quick recovery with as few complications as possible.

4. *Mouth care:* Using a special mouthwash this care was given twice a day, when mucus became troublesome in the throat.

5. *Calamine lotion to rash:* The irritable itchiness of the rash was suppressed.

6. *Sedation:* Analgesics were ordered for headache. These reduced the headaches slightly, although Helen preferred ice bags to her head. Phenobarb. gr. 1 was given each night. She soon fell asleep after being given this sedation.

7. *Combat fever:* Aspirin gr. 5 was used every four hours if the temperature rose above 102°. This increased perspiration which aided in bringing the temperature down.

8. *Additional vitamin intake:* Ascorbic acid (vitamin C) 250 mg. was given daily. This vitamin improves the general health and the blood picture. Other vitamin preparations were also ordered.

9. *Terramycin and aureomycin* were used for their chemotherapeutic effect on the viral agent but it is believed that they altered the course of the disease very little if at all.

10. *Elimination:* A mild laxative given at night was effective in preventing constipation.

Nursing Care

Since this disease is considered transmissible, although isolation technique was not ordered medical aseptic

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technique was observed. If the temperature rose above 102° sponge baths were given and an ice bag applied to the head. An ice collar to the tender cervical glands afforded some relief.

As this was a lengthy illness, Helen, being an active young girl, was often depressed, miserable, and irritable. The nurses' responsibility was to try and keep her as cheerful and contented as possible, by being friendly, pleasant, and encouraging at all times. The measure of our success was that Helen, somewhat happier, rested mentally as well as physically.

Planning to Meet Future Needs

Helen was ill for one month. It was impressed on her that she must resume activities gradually in case the liver and spleen had been seriously affected by the illness and would be further impaired by overexertion. She was also warned to avoid fatigue and all infections. Helen realized that her recovery would not be completed overnight. She knew that her convalescence would probably be prolonged and that, if she were not careful to follow her doctor's instructions thoroughly, a relapse could easily occur.

On December 12, exactly one month after her admission to hospital, Helen said good-bye to her new friends of the hospital staff and to her fellow patients.

What I have Learned

Studying Helen and her illness I have gained a great deal of knowledge. I have, of course, learned about the different laboratory tests and how valuable they are in diagnosing and treating a disease. I now regard the laboratory technician as a very important link in the chain of the hospital personnel working together to find ways of treating illness until complete recovery is brought about.

Whether I ever care for another case of infectious mononucleosis is immaterial. The various comfort measures I have used and saw used can be easily applied to many different diseases. Last but definitely not least, I have learned how much more interesting it makes our nursing duties if

we remember that it is a *patient* with personal feelings we are treating and not just a disease with an astounding number of complicating symptoms and treatments!

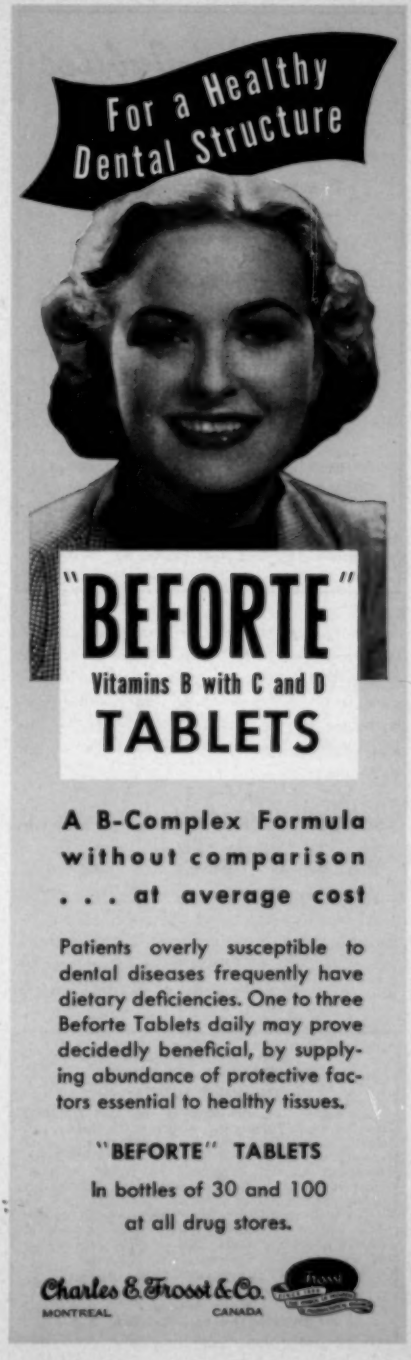
Book Reviews

The Earliest Stages of Delinquency — a Clinical Study from the Child Guidance Clinic, by H. Edelston, M.B., D.P.M. 200 pages. The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1952. Price $2.00. *Reviewed by A. Stephen, M.B., Ch.B., Director, MacNeill Clinic, Saskatoon.*

Dr. Edelston opens this very satisfying book by a review of the traditional methods of dealing with delinquency and convincingly points out their inadequacy in protecting society. He then goes on to discuss, with commendable clarity, the medical approach from a psychiatric angle to the problem of juvenile delinquency and shows, in a series of case histories from life, the social forces acting on the child which can induce anti-social reactions in him and lead to delinquent behavior. This section contains the best description of the professional and social teamwork required to deal with the problem of the emotionally disturbed child that this writer has yet encountered.

While this book contains nothing that is new, in the clinical sense, to the psychiatrist it could well serve as a model of straightforward and honest writing as it is refreshingly free of the jargon that clouds the meaning of too many psychiatric texts and papers. Dr. Edelston's is an approach that is practical and has regard for the point of view, both of society and of the child in trouble. In a chapter on The Remedies he describes the facilities provided nowadays by most communities for the care of the juvenile delinquent. Throughout, the book is well documented with references to other authorities in the field, both professional and lay.

This writer suggests that this book will be of considerable value to those with a "social conscience" and a feeling for their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fellow human beings. The nurse, by the nature of her vocation, will be interested in it and, with the sensible understanding she may gain from this book, will increase her contribution to the welfare of society by the help she can give the socially sick — the delinquent.

The Faber Medical Dictionary, edited by Sir Cecil Wakeley, Bt. 471 pages. British Book Service (Canada) Ltd., 1068 Broadview Ave., Toronto 6. 1953. Price $9.00.

A new, concise and accurate source of definition has been produced by an authoritative group of English medical practitioners. In the preparation of the material the corps of distinguished doctors was aided by the College of Pharmacy regarding entries on chemistry and the latest pharmaceutical preparations.

In some instances the definitions are less explanatory than those found in some other well known dictionaries. A simple example is "eyebrow." It is defined solely as "supercilium." On looking up the latter word, it is given as "eyebrow." Our ordinary dictionary states that to "define" is to "make clear." One would hope that the more difficult terms are made clear in a more direct fashion than the above illustration would indicate.

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To take place on **May 19, 20, and 21, 1954,** at **Halifax, Yarmouth, Amherst, Sydney,** and **Antigonish.** Requests for application forms should be made at once and forms MUST BE returned to the Registrar by **April 19, 1954,** together with the following: (1) Hospital Diploma; (2) Fee of $5.00.

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NANCY H. WATSON, R.N., Registrar
The Registered Nurses' Association of Nova Scotia
301 Barrington St., Halifax, N.S.

Arthritis and the Rheumatic Diseases, by Dr. Philip Lewin. 175 pages. McGraw-Hill Co. of Canada Ltd., 253 Spadina Rd., Toronto 4. 1951. Price $4.50.

Reviewed by Mrs. James Laidlaw, formerly on the staff of the Board of Health, London, Ont.

Dr. Lewin states frankly in the preface that this book is written for the public. Unfortunately he doesn't hit his stride until the twelfth, and last, chapter. In the intervening chapters he varies from conscious coyness, e.g.: "This travelling bone scrap is known by the picturesque name of joint mice . . . there is no evidence that the mice are responsible for the creaking of your joints!" to bombasity, e.g.: "excessive avoirdupois." His comparisons are wordy and frequently leave an inaccurate impression, such as his comparisons of a communicable disease, tuberculosis, with arthritis.

The author is most understandable when he forgets to write for the public and teaches. A chart listing the main types of rheumatism, with synonyms in brackets, would have been an asset. The book sadly lacks pictorial illustrations, particularly of hinge joints, of hands in rheumatoid arthritis and in degenerative arthritis. Despite this he has managed to give a complete picture of signs, treatment, and care of arthritis and rheumatic diseases. The best chapters are those that deal with what you can do for rheumatoid arthritis, for degenerative joint disease, for gout, and rules for arthritis. The free Metropolitan Life Insurance Company booklet on arthritis also gives this information.

Baby's Birthright — advice to mothers on breast feeding, by M. Doris Anderson. 50 pages. Ken-Gor Publishers, 1300 Robson

St., Vancouver 5, B.C. 1953. Price $1.25.

Wide experience as a maternity supervisor has given the author a deep insight into the value of breast feeding both to the infant and to the mother. This booklet is written primarily for the latter and explains very simply how the mother should deal with a variety of problems that may arise. Because so many nurses frequently do not know the answers to questions that may be put to them regarding breast feeding, this book is heartily endorsed as a source of information.

Miss Anderson advocates having the baby nurse from both breasts at each feeding, dividing the time fairly equally between them. This serves to maintain the production of milk in both breasts, especially when the "starting breast" is alternated. The signs and treatment for overfeeding and underfeeding are carefully considered. When complementary feedings are started, the author prefers a cup and spoon, messy though they may be at first, to a feeding bottle. Even the problem of feeding multiple births is noted.

A thoroughly useful little book.

Scientific Principles in Nursing, by M. Esther McClain, R.N., B.S., M.S. 449 pages. McAinsh & Co. Ltd., 1251 Yonge St., Toronto 5. 2nd Ed. 1953. Price $3.50. *Reviewed by Helen F. Ott, Clinical Instructor, School of Nursing, Greater Niagara General Hospital, Niagara Falls, Ont.*

In presenting the second edition of "Scientific Principles in Nursing" the author provides a comprehensive textbook that will aid instructors in planning their lectures. The great detail of each unit makes this a useful guide for those schools using an integrated curriculum.

The plan of each chapter, repeated as each nursing situation is discussed, will help students plan their work systematically with careful attention to all details. In describing The Meaning of Nursing the author says, "When the nurse joins her scientific knowledge with skillfully executed procedures, her work becomes truly artistic."

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To aid the nurse in making each nursing situation more satisfying, a section on Learning Situations for the Patient is included in each chapter. The nurse is shown how she can give help and advice to her patients in the course of caring for them.

Sketches liberally distributed throughout the book illustrate the procedures described. Historical Sidelights form an interesting introduction to many of the chapters and should stimulate further reading.

An extensive reference reading list is given for each chapter in the text.

"Scientific Principles in Nursing" should prove to be an asset to the teaching program of instructors of nursing arts.

Reflection

Let not your mind run on what you lack as much as on what you have already. Of the things you have, select the best; and then reflect how eagerly they would have been sought if you did not have them.

—MARCUS AURELIUS

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APPOINTMENTS — Fredericton Junction: *Marie L. Allain, Marcelle Chiasson, Elodie Roy* (Hôtel Dieu, Moncton) and *Mrs. Eva Chandler* (Fisher Memorial Hosp., Woodstock). Rexton: *Mildred Duguay* (Hôtel Dieu, Campbellton). Stanley: *Marie Laeticia Allain* and *Henrietta M. Thibodeau* (Hôtel Dieu, Chatham).

TRANSFERS — *Ida M. Clarke* from Fredericton Junction to Stanley; *Lorna D. Russell* from Fredericton Junction to Provincial Office, Saint John.

RESIGNATION — Rexton: *Ruby Glencross* to be married.

NOVA SCOTIA

APPOINTMENTS — Advocate: *Jessie MacKinnon* (Ottawa Civic Hosp.). Arichat: *Yvonne Ashley* (General Hosp., New Waterford, N.S.) and *Mrs. Ruth Frosst* (General Hospital, Glace Bay, N.S.). Guysborough: *Elizabeth Gilbert* (Halifax Infirmary). Neil's Harbour: *Dorothy Hoult* (City Hosp., Nottingham, Eng.). Sheet Harbour: *Phyllis Dickie* (Nova Scotia Hosp.), *Helen Miller* (Halifax Infirmary), and *Mrs. Sarah Wallace* (Winnipeg Gen.

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TRANSFERS — *Greta Duncanson* from Sheet Harbour to Middle Musquodoboit as matron; *Edith MacNeill* from Guysborough to Sherbrooke; *Doris Prest* from Advocate to Middle Musquodoboit.

LEAVE OF ABSENCE — Sherbrooke: *Patricia Howley.*

RESIGNATIONS — Advocate: *Mrs. Mona C. Borden.* Arichat: *Sarah Ferguson, Christine Shaw.* Baddeck: *Nellie Beaton, Muriel Carmichael, Ada MacCharles, Beatrice Rule.* Middle Musquodoboit: *Mrs. Hazel Geddes.* Musquodoboit Harbour: *Marcella Asseff.* Neil's Harbour: *Pauline Grace.* Parrsboro: *Eileen Alcorn, Mrs. Evelyn Just.* Sherbrooke: *Jean Colborn, Helen Green, Lillian MacDonald.*

QUEBEC

APPOINTMENT — Barachois nursing station, Gaspé County: *Faye Helwig* (Toronto Gen. Hosp.).

SASKATCHEWAN

APPOINTMENTS — Loon Lake: *Lois Howat* and *Minnie Hrynewich* (St. Paul's Hosp., Saskatoon). Loverna: *Mrs. E. M. Groves* (Saskatoon City Hosp.). Pierceland: *Mrs. V. M. Elliott* (St. Paul's Hosp., Saskatoon). Red Cross Headquarters, Regina: *L. A. Kangas* (Saskatoon City Hosp.).

TRANSFER — *Inez Nesset* from Endeavour to Green Lake.

RESIGNATIONS — Loon Lake: *Sadie Hall, Beulah MacInnes, Mrs. Marie Pegg.* Loverna: *Olive Mathews* to be married. Pierceland: *Mrs. Minnie Larsen.* Red Cross Headquarters, Regina: *Mrs. Alice Woods.*

In India, scientists have worked out a way to cook food by sun power. A polished aluminum bowl suspended above a cooking pot directs the sun's rays to a mirror, which reflects the heat to the bottom of the pot. It sounds a bit complicated to us — but the fact is that the solar cooker turns out a meal as fast as a 300-watt electric stove.

— *Alcan Ingot*

Let us take what is good in the field of business management and study it and let us with an open mind, as much as possible, apply it to the needs of nursing service today. And the yardstick of the success of that technique is the same yardstick that we used a quarter of a century ago in measuring nursing service. To what extent does it contribute to the better care of the people who are entrusted to us when they are ill? That, today, is the challenge that is placed before modern nurse educators and nursing service leaders. They must guarantee that the traditional ideals of nursing become more effective, that they reach more people, by using every possible technique to do the work that is so important.

—J. J. FLANAGAN

News Notes

ALBERTA

CALGARY

There were 30 members present at the January meeting of District 3 when Dr. M. J. Tuttle, chief of service in medicine, Col. Belcher Hospital, was guest speaker. A film preceded his talk on "Blood Transfusions." It was decided that two district delegates, as well as two student nurses from each school, would attend the C.N.A. Convention at Banff in June.

The Continuation Program for Graduate Nurses, sponsored by the Private Duty Section, has as its organizer Mrs. I. Carter. Similar to the series held last year, there will be a total of nine weekly meetings. Holy Cross Hospital was the scene of the first gathering when a panel was given on "Chest Surgery," prepared by four staff doctors, assisted by a graduate nurse.

Holy Cross Hospital

At the first supervisors' meeting of the year, the staff profited from the interesting lecture by Dr. H. V. Morgan on "Pre- and Post-Operative Care of Cholecystectomies."

CLARESHOLM

At the January meeting of Claresholm Chapter held at the home of Mrs. Cornish, Dr. Cornish spoke on the newer drugs of today. The following are the new officers: President, Mrs. V. Cornish; vice-president, Mrs. G. Charleton; secretary, Mrs. I. Gray; treasurer, A. Hill. Miss Kremer recently gave a three-hour lecture on polio.

JASPER

Fourteen members attended a meeting of the Edith Cavell Chapter held at the home

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of Mrs. Bruce. The date for the polio lectures, the use of films on the Rh factor, and a talk on the daily routine in nursing of psychiatric patients were arranged. Mrs. Stewart read an article entitled "A Roman in Florence Nightingale's Life."

WESTLOCK

During 1953, Westlock Chapter reported a varied program. A Bingo party, a Strawberry Tea, and a Telephone Bridge were held to raise funds. There were addresses by Miss Ferguson on "Nursing Aides"; Dr. Kickham on "The History of Medicine in Alberta"; Dr. Smith of Sturgeon Health Unit on "Poliomyelitis," with demonstration of the iron lung. Miss Kremer, representative of Civil Defence, also addressed the chapter and in November gave a part of the polio course. The expenses of a delegate to the A.A.R.N. convention were paid. A scholarship of $50 was awarded to J. Wikner, student nurse. Members assisted with the Blood Donor Clinic sponsored by the Red Cross. Various films were shown and parties held for Mrs. Woodman and Miss Heffernan. Christmas gifts were sent to student nurses, Dr. Woodman, Miss Hogarth and the Sisters.

BRITISH COLUMBIA

CHILLIWACK

At a meeting of Chilliwack Chapter, donations of $50 each were voted to the Community Chest and the Polio Fund and members agreed to support the Mothers' March on Polio. Proposals regarding a refresher course in nursing were discussed. It was decided that high school students interested in nursing would be addressed by a member of the chapter. Mmes G. Sache, E. Roberts, and Miss L. Lockhart compose the nominating committee. Two films, "Hold Back the Night" and "Peace River District," were shown by E. Vowles.

KAMLOOPS

Royal Inland Hospital

Officers of the recently organized Vancouver branch of the alumnae have been elected. Mrs. Irene Hamilton, 1150 East 27th Ave., Vancouver 10, is president. Meetings are to be held the first Wednesday of each month.

NELSON

At the annual meeting of the Chapter, the president, Flora McLean, gave a résumé of the past year's work and thanked the members for their cooperation. The activities included a rummage sale. Unsold articles were given to the public health nurses' Loan Cupboard and woollen ones sent to be made into blankets that are to be raffled. Proceeds will be used to augment funds. Two wheel chairs were donated to the Loan Cupboard, one by the Kinettes and the other by the Kiwanis. Provision was made for interesting

films to be shown at each meeting in 1954.

The following are the officers for the new year: President, F. McLean; vice-president, J. Hood; secretary-treasurer, E. Corbett; representative to *The Canadian Nurse*, G. Barker. Others serving are: Mrs. Glover, Misses R. McLean, J. Campbell, P. Legault, G. Leslie, M. Lattimer, E. Tingley, A. McNiece, E. Openshaw, M. Buckley. The meeting closed, following a film on obstetrics.

TRAIL

The January meeting of the Chapter was conducted by President A. Baker and the following business was discussed: Provision of refreshments by Misses Loughery and Burchill for the annual dance and decoration of hall by Miss Acheson; the talk by Flora McLean on her trip to Rio de Janeiro; and possible social activities to augment funds.

The president reported as follows: During the year, 10 regular meetings were held. Chapter and district by-laws were revised and district meetings attended at New Denver and Rossland. Two delegates were at the annual meeting of the R.N.A.B.C. Among several doctors who lectured were Dr. Love, speaking on Trilene as an anesthetic and on polio, Dr. Krause giving an interesting, illustrated account of his trip to the United Kingdom and the Continent. Miss Cammeart reported on the C.N.A. Structure Study while Mrs. Magwood spoke on Maple School and K.S.H.C. and Mrs. Joluson on "Drug Addiction." Funds were increased by proceeds from the annual dance in January and the tea in May. A bursary of $150 went to J. Lapointe, $25 to the Polio Fund, $100 to Miss McLean for her trip to Brazil. The float entered in the Coronation parade by staff nurses under N. Miller won first prize of $75.

New officers are: President, A. Baker; vice-presidents, L. Acheson, B. Crantz; secretaries, E. McKeown, J. Loughery; treasurer, Mrs. M. Tognotti. Others serving are: J. Platt, D. Mawdsley, M. Rivett, V. B. Eidt, H. Whittington, Mmes J. Broman, L. Ross.

VANCOUVER

The average attendance at meetings of Vancouver Chapter during 1953 was about 80, with 200 to hear Lyle Creelman speak on nursing with WHO, illustrated with colored slides. Other programs enjoyed were: John Haar on the United Nations and Canada's foreign policy; a symposium on the C.N.A. Structure Study; M. Lynn from the Investors' Syndicate; and films, "Roaming Through Britain" and "A Tribute to Canada's Royal Visitors."

Among the projects of special note were: the Vancouver Registered Nurses' Award of $250 to Thelma Ludlow, heading the class at U.B.C. in teaching and supervision; collection of $37.31 sent to CARE for Irwin Hospital in New Delhi, India; creditable

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For further information write to:

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• A six-month **Clinical Course in Operating Room Technique and Supervision,** including major and minor surgery, recovery room, casualty operating room, doctors' and nurses' lectures and demonstrations, clinics and field trips. Maintenance and reasonable stipend after first month.

• Course begins ***September, January, 1954,*** and ***June.*** Enrolment limited to a maximum of six students.

For further information write to:

Supt. of Nurses, General Hospital, Winnipeg, Man.

showing of members at the hobby display at the provincial annual meeting; a presentation to Alice Wright, chosen as one of Canada's four official delegates to the I.C.N. Congress in Brazil.

Victoria

The main project of Victoria Chapter for 1953 was a refresher course, organized at the request of the Corps Committee of Disaster Nursing Service. There was a registration of 122 at a fee of $2.00 each.

The course consisted of eight lectures as follows: Psychology of Mass Disaster, Dr. J. L. Gayton; panel discussions on Diabetes, Dr. F. N. Elliott, Mrs. M. O'Brien, dietitian, Royal Jubilee Hospital, and M. Goodfellow, L. MacDonald, public health nurses; New Concepts of Communicable Diseases, Dr. McHaffie; Shock and Hemorrhage, Dr. G. H. Grant, followed by demonstration and practice in taking blood pressure; Intramuscular Injections and Nurses' Responsibility in Intravenous Therapy, F. Ferguson, R.J.H. instructor, with R. Hall, R.J.H. central service room, giving demonstrations; Emergency Births and Care of the Newborn and Premature — in hospital, Sr. M. Alena, St. Joseph's Hospital, and in the home, Misses Riddell and Short, V.O.N.; Oxygen Therapy — the use of resuscitators and suction apparatus, with demonstration by Sr. M. Ronalda and Mrs. Frey, St.J.H. central service room; Care of Psychiatric Patients in Disaster, Dr. D. E. Alcorn.

Special praise should go to Jean Harris, chapter president, Sr. M. Lucita and C. Harrington who helped with this project.

MANITOBA

Brandon

Forty-five members attended a recent meeting of the Association of Graduate Nurses held at the General Hospital. The president, Mrs. E. Hannah, was in the chair and E. Cranna, convener of the scholarship committee, reported new committee members to be: Mmes I. Cruikshanks, J. Hannah, E. Perdue, Misses M. Jackson, A. Bennett, and P. Beecher. Visitors and new members welcomed were: N/S I. Ziegler, R.C.A.F., E. Russell, L. Millions, and R. (Scott) Kent. Following the business meeting, Enid Hincks, president of the student body, was introduced by A. Bennett. Miss Hincks then presented a representative from each student year who described her activities, studies, and impressions during the climb up the nursing ladder. A skit on prenatal care was well prepared by M. Spratt and D. Chalmers and portrayed the effects of such care or lack of it. Miss Bennett complimented the students and thanked them.

Winnipeg

Misericordia General Hospital

At the capping ceremony attended by relatives and friends, 28 student nurses of the school of nursing heard Father Godfrey

stress the service of nursing to humanity. Sr. St. Odilon, director of nurses, presented the caps while M. LaCroix, assistant director, led the capping pledge. Each student received a lighted candle from R. Metail, president of the Student Council. M. Lavoie sang several solos.

Shriners' Hospital

Ducks Unlimited, staff artist Angus Shortt, and six-year-old Terry Shortt teamed up at Christmas to raise $43 for the hospital. *In the photo* Terry is seen handing over the cash to Kathryn M. McLearn, superintendent. The whole thing traces back to the senior Shortt's original painting done for the 1953 D.U. Christmas card. It was disposed of for cash, the proceeds turned over to the hospital which does so much for afflicted children throughout the year. Tools in case are those used in turning of sod and laying of cornerstone of the hospital.

Fredric Perry Photo

Victoria Hospital

An election of officers at the January meeting of the alumnae association resulted as follows: President, V. R. Edmonson; vice-president, Mrs. C. Battison; secretary, Mrs. L. Gooding; treasurer, Mrs. W. McInnes. Others serving in various capacities are: Mmes J. Cleaver, J. W. Barton, E. Ott, W. Farquhar, D. Bain, J. Hollingworth, R. J. Jenkyns, J. Waugh.

Meetings are held on the first Tuesday of each month at 8:00 p.m. in the nurses' dining-room of the hospital. Correspondence may be addressed to: Nurses' Alumnae, Victoria Hospital, 424 River Ave., Winnipeg.

NEW BRUNSWICK

EDMUNDSTON

At the December meeting of the Chapter held at her home, C. Pichette presided. Reports of standing committees were heard and the holding of the provincial annual meeting here in September was discussed. Films were shown on breast cancer and the Coronation. Cards were played later and gifts distributed from the Christmas tree. Refreshments were supplied by F. Michaud,

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For further particulars apply to:

Director of Nurses, Toronto Hospital, Weston, Ontario

G. Stevens, G. Pelletier, L. Martin, and Mrs. E. Madore. Assisting the hostess in serving were J. St. Germain, Mmes C. Bernier and L. Pelletier.

FREDERICTON

The Fredericton Chapter was honored at a recent meeting by the presence, as guest speaker, of Senator (Mrs.) A. S. Ferguson. Her comprehensive explanation of the topic, "Equal Pay for Equal Value for Women," was thoroughly enlightening. Senator Ferguson emphasized the need for legislation enforcing identical rates of pay for both sexes, stating that it not only protects the employer but makes for a better standard of justice. All nurses were urged to consider jury duty a basic and civic responsibility.

Mrs. D. Scammell, registrar, gave a satisfactory registry report and thanked the guest speaker. Mrs. M. Scott, president, conducted the meeting.

MONCTON

At the three-day institute for nursing instructors under the direction of I. Lane and B. Selfridge, the discussion centred on the civil defence aspect of the nurses' curriculum. Among others taking part in the program were: Evelyn Pepper, nursing consultant, civil defence health planning group, Ottawa; Dr. R. S. Langstroth, Dr. R. D. Landry, M. Phillips, and F. Daly.

Nurses' Hospital Aid

Mrs. K. Carrol, president, conducted the annual meeting. It was reported that five meetings were held during the year and among the activities were the following: a cooking and fancy goods sale in October, convened by Mrs. K. Lamb; the sale of tickets by Mrs. G. Whelan on a fruit cake in aid of the Rolling Dollar project; the donation to the central supplies dept. of the Moncton Hospital of a needle cleaner with accessories at a cost of about $760; a Christmas party and exchange of gifts.

Officers elected for 1954 are: Honorary president, K. Richardson; president, Mrs. J. Innes; vice-presidents, Mmes R. Buchanan, W. Buxton; secretaries, Mmes S. Dunham, G. Shaw; treasurer, Mrs. C. Colwell. Committees: Mmes K. Carrol, A. Ferguson, H. Henderson, J. Lutes, L. Munn, A. Hans, C. McKee, J. Neil, H. MacKenzie, D. Mills, W. McCully.

SAINT JOHN

General Hospital

B. Selfridge, president, was in the chair at a recent meeting of the alumnae association. Plans were made for framing an oil painting purchased with money donated by M. Stewart of Toronto in memory of her sister, the late Fanny Isobel Stewart, that is to be hung in the nurses' residence. Dr. H. J. Rosen, chief of the neurosurgery dept., gave a talk on his department and on the history of neurosurgery.

St. Joseph's Hospital

Four members of the staff attended the following institutes: Sr. Stella Maris, obstetrical supervisor, on hospital ward management at Dalhousie University, Halifax; W. Ruland, instructor, civil defence, Moncton; Srs. Helen Marie and Loretto, on nursing education, sponsored by the Canadian Conference of Catholic Schools of Nursing and held in Montreal.

R. Hurley of the teaching staff has resigned to be married and M. McDonald from the obstetrical dept. to accept a position in Miami, Fla. Helen and Theresa Comeau of Bathurst are doing general duty here while J. Landry of Hôtel Dieu, Moncton, is working in the obstetrical dept.

ONTARIO

DISTRICT 3

GUELPH

General Hospital

During the past year, among the activities of the alumnae association were a card party, a panel discussion on "Modern Aspects of Childbirth," a dance, and the entertainment of student nurses at a Christmas party by a fashion parade.

A presentation was made to the past president, Lois Campbell, at the annual meeting. Mrs. C. Gausden was elected president for the coming year. Other officers are: Honorary president, M. R. Gaw; vice-presidents, M. Featherstone, B. Ingles; secretaries, F. Widdows, Mrs. G. M. Elliott; treasurer, C. Ziegler. Serving in various capacities are: Mmes T. R. Pickard, K. Dolson, L. Wolfenburg, Misses N. Kenney, E. Stewart, E. Lusau, H. Standing, M. McFee, E. Mortimer.

DISTRICT 4

HAMILTON

Nora-Frances Henderson Hospital

Dr. J. B. Neilson, medical superintendent of Hamilton General Hospital, has announced the appointment of Ada Squires as superintendent of this new hospital to be opened in June and designed to accommodate 322 patients who require prolonged periods of care and treatment in chronic illnesses or convalescence. Miss Squires was formerly nurse-in-charge of the operating room at the General Hospital. In 1942, she enlisted with the R.C.A.M.C. to serve in Newfoundland, at Quebec Military Hospital, and at Petawawa.

DISTRICT 5

TORONTO

General Hospital

Open House was held on January 13 by the alumnae association for the purpose of viewing the Jean I. Gunn Memorial Library at the University of Toronto School of Nursing.

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Gross Salary: $75.00 for 1st 2 months
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DIRECTOR OF NURSING
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Western Hospital

The first 26 members of the new 25-Year Club were honored at a dinner party attended by almost 1,200 staff members. Each guest of honor received a gold watch in recognition of service of 25 years or more. Many departments were represented by these long-service members, among whom were: Gladys J. Sharpe, director of nursing; M. Agnew, E. Hamilton, Gwladwen Jones, L. McDougall, Lenna Smith, L. Sparrow, M. Thomas, Mrs. D. Shrimpton.

Women's College Hospital

The cornerstone of the nurses' residence has been laid and the alumnae raised, by cash and pledges, an amount of $5,000. Mrs. McPherson of North Cobalt won the draw on the tablecloth, made by Miss Easton, on which $85 was realized.

The annual fee of $3.00 should be paid before March 31 by those wishing to take advantage of the membership drive. The address of the treasurer, L. Bernache, is *49 Duggan Ave., Toronto 7.* Other officers are: President, Mrs. E. Reid; vice-presidents, D. Lockhart, Mrs. J. Smith; secretaries, Mmes G. Petersen, W. J. Stacey. Councillors, Misses McCarthy, Steele, Prosser, Bryant, Mrs. W. Stephens. The past president is Mrs. Y. Lalone.

Bess Newsom is working in an Indian hospital at Manitowaning. Mrs. (Mudrick) Cabot is doing private nursing in Brooklyn, N.Y. Beryl Williams has been transferred to Toronto by Imperial Oil Ltd. P. Winterburn has completed her studies and is at a mission hospital in Nyunkundi, Belgian Congo.

The annual graduation dinner and dance will be held on April 23 at Malloney's.

WHITBY

Ontario Hospital

The following officers are serving on the executive of the alumnae association: President, Mrs. S. Reeson; vice-president, G. Stevens; secretary-treasurer, Mrs. H. Parsons; recording secretary, D. Valliant; program convener, Mrs. J. Martin; social convener, Mrs. J. Sheedy; fruits and flowers fund, Mrs. Atkinson.

The alumnae president would appreciate hearing from any O.H. graduates who have lost touch with their association. Write to her care of the hospital.

DISTRICT 8

OTTAWA

General Hospital

Marie-Thérèse Belliveau has been appointed to the City of Ottawa Health Division as a visiting nurse. After obtaining her public health degree at the University of Ottawa School of Nursing, Miss Belliveau spent one year with St. Elizabeth Visiting Nurses' Association in Toronto.

Sister Marie-Claire celebrated the Golden Jubilee of her nursing career on January 4. Entering O.G.H. from the community of the Grey Nuns of the Cross of Ottawa, she graduated in 1907. During the next 29 years she was consecutively supervisor of the public wards for 25 years and night supervisor of the hospital. In 1936 Sr. Marie-Claire organized and opened an infirmary for the sick sisters at the Mother House whence during 1939-40 she became surgical supervisor at the Grey Nuns' Hospital in Noranda, Que. On her return to O.G.H., she supervised the Pavic Boot treatment dept. for several years and, with no desire to retire, is at present busily occupied in nursing the nursing sisters when they are ill.

The executive for the alumnae association is as follows: Honorary president, Sr. Marie-Idella; honorary vice-president, Sr. Honorine; president, Mrs. D. Kipp; vice-presidents, M. T. Belliveau, D. McVeigh; secretary, C. Petitclerc; treasurer, J. Stock. Others elected are: J. Frappier, M. Prindiville, A. Saunders, M. Butler, G. Boland, P. Coderre, R. Powell, Mmes McEvoy, N. Chassé, H. Racine, H. Sims, and Sr. Madeleine of Jesus.

PRINCE EDWARD ISLAND

CHARLOTTETOWN

Sr. Mary Irene was elected president at the annual meeting of Charlottetown District. "Supervision in the Hospital, including Personnel Management" was the theme for the evening. Mmes L. Kitchen, L. Clapp, Sr. M. Hermina, and Miss L. Poirier reported on a workshop on supervision attended recently at the School of Nursing, Dalhousie University, Halifax. Specific points in local situations were discussed and the film "Love Your Neighbors" highlighted the need for frequent compromise in satisfactory human relationships.

Charlottetown Hospital

There were 27 present at the recent quarterly meeting of the alumnae association. President E. MacDonald presided and the treasurer, Mrs. J. McNally, presented a very satisfactory financial statement. Monetary assistance was voted for the Community Nursing Registry and for Christmas donations. Illustrated posters, depicting the history of nursing, the Canadian Red Cross, and different post-graduate fields were exhibited by the student nurses. Following the meeting, Dr. J. Maloney spoke on "Trends — Old and New — in Obstetrics and Gynecology."

Provincial Infirmary

Charlotte Fraser has been appointed matron succeeding Mrs. E. Dunning. Since graduating in 1944 from P.E.I. Hospital School of Nursing, she has been active in nursing in P.E.I. and elsewhere, including Vancouver and Calgary, returning to Charlottetown in 1951 to engage in private nursing.

The Art and Science of Nursing

By Ella L. Rothweiler, Jean Martin White and Doris A. Geitgey. New fifth edition of a very widely-used textbook, valuable to both instructors and students. The text has been carefully revised. Material which seemed out of date has been removed and new subject matter in line with modern practices of the art of nursing has been added.

819 pages, 180 illustrations, fifth edition, 1954

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PSYCHIATRIC NURSING COURSE

The ALLAN MEMORIAL INSTITUTE OF PSYCHIATRY OF THE ROYAL VICTORIA HOSPITAL offers six-month courses in Theory and Practice in ***Psychiatric Nursing to Graduate Nurses*** in good standing in their own province.

Courses begin *February 8th, 1954,* and *May 3rd, 1954,* and are conducted on an eight-hour day, six-day week basis. They include lectures, medical and nursing conferences, and visits to community agencies. A living-out allowance, meals at the hospital, and uniform laundry will be given during the first three months. General duty rates will be paid for the second three months.

For further information write to:

Miss H. M. Lamont, Director of Nursing, Royal Victoria Hospital, Montreal 2, Que. or Miss Kathleen Marshall, Supervisor of Nurses, Allan Memorial Institute of Psychiatry, Royal Victoria Hospital, Montreal 2, Que.

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SUMMERSIDE

At a recent meeting of the Nurses' Registry there were 12 members present. Reports were given by the treasurer, Mrs. J. Storey; registrar, Mrs. Gay; and president, E. Inman. The following officers were elected for the coming year: President, N. Shreenan; vice-president, Mrs. J. Steele; secretary, Mrs. L. Strong; treasurer, Mrs. F. MacLeod; publicity, Mrs. H. Johnson; finance, Mrs. D. Birch. E. MacLeod extended a vote of thanks to the retiring officers.

QUEBEC

MONTREAL

General Hospital

On the occasion of the presentation of a gavel at the annual meeting of the alumnae association, M. Louise Parker, the first president (1905), read a short account of the association's early years and emphasized the historical importance of the gavel that has been made from a stairway handrail of the first building of the present hospital (1822). This symbol is suitably engraved, bearing the names of the first honorary president, Nora Livingston, and the first president. The silver band on the handle carries the pattern of the "pink" uniform. Miss Parker was elected an honorary president from the floor.

Royal Victoria Hospital

The fall class of student nurses received their caps at a short ceremony on January 26. A reception followed. A bridge party held by the Graduate Nurses' Association was most successful.

C. Brewster has retired as director of nursing, Hamilton General Hospital. F. MacDonald has been appointed educational director of Victoria General Hospital, Halifax. A. Fyles is with the Children's Cancer Research Foundation of Harvard University. Margaret MacDonald is working in Alaska. M. Baker has joined the staff of Edmonton General Hospital, H. Tidmarsh the admitting office of the Children's Memorial Hospital. N. Stratford, Shirley MacLeod and Alma MacLeod are with the V.O.N. in Truro, Montreal, and Brantford, respectively, while the following are on the staff of the Presbyterian Hospital, New York: J. Pattenden, B. Boucher, E. Cameron, and J. Timmins. J. Church and H. (Nelson) Brown were recent visitors, the latter on her way to South Africa.

SASKATCHEWAN

SASKATOON

A recent monthly meeting of the Saskatoon Chapter took the form of a banquet. The guest speaker was Lola Wilson, S.R.N.A. registrar, who gave a most interesting description of her trip to the I.C.N. Congress in Brazil.

Mr. E. H. Leard of the Dale Carnegie Institute was guest speaker at a later meeting of the chapter.

City Hospital

At the annual Christmas party held by the alumnae association for the children, films and carol singing formed the program.

Students, internes, and graduates participated in the annual Christmas concert of the school of nursing, under the convenership of M. King.

There are 35 students in the new class and graduates on staff include: Mrs. P. Graham, Misses S. Reekie, J. Wilson.

GYNEDOL ... *for Menstrual Pains*

INDICATIONS:

For periodic and menstrual pains, in dysmenorrhoea, for the normal type (virgin) with no pelvic lesions and where the pain precedes the menstrual flow.

DOSAGE: One tablet three times daily.

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Tuberculosis Nursing Course for Graduate Nurses

The Nova Scotia Sanatorium, Kentville, N.S., offers to Graduate Nurses a six-month course in Tuberculosis Nursing, including immunology, prevention, medical & surgical treatment. (1) Full series of lectures by medical & surgical staff. (2) Demonstrations & clinics. (3) Experience in thoracic operating room & post-operative unit. (4) Full maintenance, salary & all staff privileges. (5) Classes start May 1 & Nov. 1. For information apply Supt. of Nurses.

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ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
U.S.A. & Foreign — *$7.50 for 3 lines or less; $1.50 for each additional line.*

Matron immediately for 50-bed General Hospital, Selkirk, Manitoba. New 60-bed hospital now under construction to replace present hospital. Apply in writing, giving qualifications, experience & salary required, Sec.-Treas., General Hospital, District No. 31, Selkirk, Man.

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DIRECTOR OF NURSES, GENERAL HOSPITAL, GUELPH, ONTARIO.

Asst. Supt. of Nurses required by Province of Manitoba for Hospital for Mental Diseases, Selkirk, Man. Must be Registered Nurse, preferably with Mental Nursing Certificate, to assist Supt. of Nurses in supervision of nursing staff & in carrying out of educational program for undergraduate nurses. Full Civil Service benefits, liberal sick leave with pay, 4 wks. vacation annually with pay & pension privileges. Apply, stating qualifications, experience & salary expected, Manitoba Civil Service Commission, 247 Legislative Bldg., Winnipeg, Man.

Educational Director & Nursing Arts Instructor for newly constructed 166-bed General Hospital. Revision of student program. Preference given for post-graduate studies. Good personnel policies. Apply Director of Nursing, South Waterloo Memorial Hospital, Inc., Galt, Ont.

Clinical Teacher, General Duty Nurses & Dietitian for 500-bed hospital. 40-hr. wk. Good personnel policies. Apply Director of Nursing, St. Joseph's Hospital, Victoria, B.C.

Operating Room Nurse, preferably with post-graduate course, for 70-bed General Hospital. Good salary & personnel policies. Apply Supt., Ross Memorial Hospital, Lindsay, Ontario.

Public Health Nurses for City of Verdun, Que. Salary: $2,225 - 3,057 per yr. depending on qualifications & experience. For other benefits apply Director, Dept. of Health, City Hall, Verdun, Que.

Psychiatric Trained Nurses for modern 32-bed unit opening in July. Apply Dr. T. Dixon, Psychiatrist, Mental Health Clinic, General Hospital, Sudbury, Ont.

Registered Nurses for Dept. of Veterans Affairs: Sunnybrook Hospital, Toronto, and Westminster Hospital, London. Without experience — $2,430 per annum; 1 yr. experience — $2,580 per annum; 2 or more yrs. experience — $2,730 - 3,120 per annum. Application forms, available at your nearest Civil Service Commission, National Employment Service or Post Office, should be forwarded immediately to Civil Service Commission of Canada, 1200 Bay St., Toronto 5, Ont.

General Duty Nurses for 650-bed Teaching Hospital in Central California. Salary: $273 - 320 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market St., Stockton, California.

Registered Nurses (2) immediately for 24-bed hospital. Six R.N's & two nurses' aides on staff. Two doctors in town of 1,400 pop. Commencing salary: $180 per mo. plus room & board. Write or wire J. H. Moysey, Sec.-Mgr., Union Hospital, Eston, Sask.

Registered Nurses, Grace Hospital Graduates & Certified Nursing Assistants. Apply Supt., Lady Minto Hospital, Cochrane, Ont.

General Duty Registered Nurses for modern industrial hospital. Working knowledge of French language necessary. Good salary. 40-hr. wk. Blue Cross, pension & group life insurance plans available. Excellent living quarters. Good recreational facilities. Apply Employment Mgr., Canadian Johns-Manville Co. Ltd., Asbestos, Que.

Registered General Duty Nurse by April 1. New 8-bed hospital to be opened this Spring. Salary: $185 with full maintenance. 8-hr. day, 6-day wk. Apply Matron, Union Hospital, Arborfield, Sask.

NEW BRUNSWICK ASSOCIATION OF REGISTERED NURSES

invites applications for the position of

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For information regarding essential qualifications, duties and salary, write to:

THE PRESIDENT, N.B.A.R.N., P.O. BOX 846, FREDERICTON, NEW BRUNSWICK

Registered Nurses. Good salary. Excellent living conditions. Apply Supt. of Nurses, Mt. Sinai Sanatorium, P.O. Box 420, Ste. Agathe des Monts, Que.

If you are coming to Britain to nurse, you will be welcome at 324-bed Sully Hospital, Sully, Glamorgan, South Wales. Modern hospital on the sea. Experience available in Medical & Surgical Nursing of all Chest Diseases in adults & children. Post-graduate course for British Tuberculosis Ass'n Certificate & instruction by medical staff & tutor. Comfortable, modern nurses' home with recreational facilities. For further information write H. M. Foreman, M.B.E., M.B., Physician Supt.

If you are coming to Britain to nurse, you will be welcome at 240-bed Glan Ely Hospital (Pulmonary & Non-Pulmonary), Fairwater, Cardiff, South Wales. **Female Staff Nurses (S.R.N.)** — excellent experience available in bone & joint surgery & thoracic surgery. British Tuberculosis Ass'n Certificate may be obtained after 12 mos. service. **Female Student Nurses** for B.T.A. Cert. **Pupil Asst. Nurses** for Training School inaugurated with two local hospitals. All posts resident or non-resident. For further particulars write Matron.

Supt. for 125-bed hospital with small Training School. Apply Sec., Board of Trustees, Prince County Hospital, Summerside, P.E.I.

Supt. of Nurses & O.R. Supervisor for General Hospital, Dauphin, Man. 86-bed hospital with Nurses' Training School. Community of 6,500. Excellent living conditions. Supt. of Nurses must be good organizer & disciplinarian. Salary open for both positions. For further information apply A. J. Schmiedl, Sec.-Mgr.

Director of Nurses & Principal of School of Nursing for 117-bed General Hospital. Post-graduate course in administration or equivalent experience required. Salary open. Suite in modern residence. Construction of new 150-bed hospital under way. Apply, giving details of education, qualifications, experience, enclosing recent photo. Administrator, Jeffery Hale's Hospital, Quebec City, Que.

Science Instructor for June or Sept. Complete maintenance in comfortable suite. 120-bed hospital — 35 students. New 150-bed hospital under construction. Apply, stating experience & salary expected, Director of Nurses, Jeffery Hale's Hospital, Quebec City, Quebec.

Clinical Instructor (Medical-Surgical). 155-bed General Hospital. 75-bed addition in near future. Salary: $260 per mo. with complete maintenance. Good personnel policies. 44-hr. wk. Apply Director of Nurses, Chesapeake & Ohio Hospital, Clifton Forge, Virginia.

Nursing Arts Instructor for School of Nursing. 150 students—450-bed hospital. **Apply** Director of Nursing, General Hospital, Saint John, N.B.

Clinical Supervisors & Instructors: Surgical (2) & Medical (2). Also **General Staff Nurses.** Personnel policies based on R.N.A.O. recommendations. For full details apply Director of Nursing, General Hospital, Port Arthur, Ont.

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for
Victoria Hospital, London, Ontario

Applications requested for this position in 700-bed active hospital.

The Central Supply Room is to be transferred to new area with modern equipment, in the new wing, to be opened in September.

Good Salary and Personnel Policies.

Apply
Director of Nursing, Victoria Hospital, London, Ontario.

Instructor in Science & Surgical Nursing for new school taking in one class yearly. Responsible for teaching Chemistry, & Anatomy & Physiology in 1st term & the Surgical portion of an integrated course in Medical-Surgical Nursing in 2nd term. Splendid opportunity to help develop new school being established on sound educational lines. For further information apply Director, School of Nursing, Metropolitan General Hospital, Windsor, Ont.

Night Supervisor for 100-bed hospital. Apply, stating experience, references, etc., Supt., The Cottage Hospital, Pembroke, Ont.

Operating Room Scrub (Registered) Nurse. Apply, giving experience, references, etc., Supt., The Cottage Hospital, Pembroke, Ont.

Public Health Nurse for Health Unit for generalized program. Proximity to Toronto permits urban living conditions to be combined with rural-urban work. Excellent transportation arrangements, group insurance & other attractive working conditions. Apply Dr. R. M. King, York County Health Unit, Newmarket, Ont.

Laboratory Technician (1), Registered Nurses (5) — one with O.R. experience. Also **Grace Maternity Graduates.** Three 8-hr. shifts, alternating weekly. Good personnel policies covering vacation, hospitalization & sick time. Apply Supt., Queens General Hospital, Liverpool, N.S.

Registered Nurses for General Duty Staff. Salary commences at £37-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for General Duty in 600-bed hospital for Tuberculosis. Initial gross salary: $185 per mo. 8-hr. duty, 44-hr. wk. Board & room available. Apply Director of Nursing, Beck Memorial Sanatorium, London, Ont.

Registered Nurses for the Public Health Nursing field by the Saskatchewan Department of Public Health. Provision is made for in-service training & for financial assistance to complete university post-graduate training in Public Health Nursing. For application forms & further information apply Public Service Commission, Legislative Bldgs., Regina, Sask.

Registered Nurses for floor duty in 50-bed modern General Hospital. Apply District Memorial Hospital, Leamington, Ont.

General Duty, Operating Room & Maternity Nurses. Salary: $182.50 for recent graduates. 1 meal, laundry. 8-hr. day, 44-hr. wk. — straight shift. $15 differential evenings — $10 nights. Vacation, sick time, statutory holidays on salary. Semi-annual & annual increments. Financial recognition for yrs. of experience, post-graduate or university study. Apply Supt. of Nurses, General Hospital, Winnipeg, Man.

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required for ***First Aid Room of Paper Mill*** located in DALHOUSIE, NEW BRUNSWICK. Industrial Nursing or outdoor-patient clinic experience desirable. English-speaking nurse with working knowledge of French preferred. Living accommodation available at Company inn. Good salary & pleasant working conditions.

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CANADIAN INTERNATIONAL PAPER CO. (ATTENTION, MRS. M. WELDEN), ROOM 1240 SUN LIFE BUILDING, MONTREAL 2, QUEBEC.

Graduate Nurses (3) at once owing to present nursing staff leaving to get married. 30-bed hospital on C.P.R. main line & Trans-Canada Highway, 2 hrs. from Calgary. Modern nurses' residence & garage. 8-hr. day, 6-day wk. with rotating shifts. Starting salary: $170. $5.00 increase at end of each 6 mos. 3 wks. holiday & statutory holidays. Sick leave with pay & free hospitalization. Apply Matron, Municipal Hospital, Bassano, Alberta.

Graduate Nurses for completely modern West Coast hospital. Salary: $230 per mo. less $40 for board, residence, laundry. $10 annual increments. Special bonus of $10 per mo. for night duty. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Apply, stating experience, Miss E. L. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

General Duty Staff Nurses for 515-bed General Hospital. 40-hr. wk. Beginning salary: $260 per mo. with advancement to $285; $20 additional for evenings & nights. Hospital & School of Nursing fully approved. Apply Director of Nursing, The Grace Hospital, 4160 John R. St., Detroit 1, Michigan.

General Duty Nurses immediately for new 30-bed hospital. Holidays & sick leave according to R.N.A.B.C. Commencing salary: $220. Apply Matron, Valley Hospital, Creston, B.C.

General Duty Nurses for 110-bed hospital in scenic Fraser Valley, 65 miles east of Vancouver on Trans-Canada Highway. Salaries, holidays, etc., in accordance with R.N.A.B.C. personnel practices. Residence accommodation available. Apply Director of Nursing, General Hospital, Chilliwack, B.C.

General Duty Nurses for 200-bed General Hospital in B.C. Interior. Starting salary: $225. Annual increments. Credit for past experience. 28 days annual vacation. Cumulative sick leave. Apply Director of Nursing, Royal Inland Hospital, Kamloops, B.C.

General Duty Nurses for 920-bed General Hospital. Starting salary: $190-210 per mo. plus meals & laundry. Credit for past experience, annual increments. 44-hr. wk., rotating shifts. Statutory holidays, 21 days vacation, cumulative sick leave, hospitalization subsidized, pension plan. For further information apply Supt. of Nursing Service, University of Alberta Hospital, Edmonton, Alta.

Nurses (1 or 2). 24-bed hospital. Separate modern nurses' home. Salary: $190 per mo. plus full maintenance. Usual increases after 6 mos. Holidays, sick leave. Apply Matron, Union Hospital, Vanguard, Sask.

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For further particulars apply:

NATIONAL DIRECTOR, NURSING SERVICES, CANADIAN RED CROSS SOCIETY,
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General Duty Nurses. Gross salary: $200 per mo. with 1 yr. or more of experience; $190 per mo. with less than 1 yr. experience; $20 per mo. bonus for evening or night duty. Annual increment, $10 per mo. 44-hr. wk. 8 statutory holidays. 21 days vacation & 14 days sick leave with pay after 1 yr. employment. Apply Director of Nursing, General Hospital, Oshawa, Ont.

General Duty Nurses. Salary: $182.43 (one hundred eighty-two dollars & forty-three cents) monthly, paid on a bi-weekly basis; 26 pays in a yr. Salaries have scheduled rate of increase. 48-hr. wk. 8-hr. broken day; 3-11, 11-7, rotation. Cumulative sick leave. Pension Plan in force. Blue Cross. 3 wks. vacation after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

General Duty Nurses — "You will like it here." Placement in the service of your choice in Teaching Hospital. Beginning salary: $240 per mo. for 40-hr. wk. Scheduled increases, payment for overtime, 6-hr. evening duty. $270 per mo. for night duty. Sick leave, 6 holidays, 3 wks. vacation. Residence facilities if desired. Tuition-free courses after 6 mos. service. Opportunities for advancement. Apply Director of Nursing Service, University Hospitals of Cleveland, Cleveland 6, Ohio.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

Central Alberta Sanatorium, Calgary, Alta., offers to **Graduate Nurses** a 6-mo. post-graduate course in Tuberculosis. Maintenance & salary as for General Staff Nurses. Opportunity for permanent employment if desired. Spring & Fall Classes. Further information on request.

Director of Nurse Education. Training School of 36 students. 44-hr. wk. Full maintenance. Apply, stating experience & salary expected, M. Amy White, Supt., General & Marine Hospital, Collingwood, Ont.

Nursing Arts Instructor & Clinical Instructors in Medicine & Surgery. Apply Director of Nurses, Misericordia Hospital, Edmonton, Alta.

Clinical Instructor for Surgical Nursing (1). School of Nursing with 90 students. Duties to commence July 1. Apply Director of Nursing, General Hospital, Oshawa, Ont.

Science Instructor by Sept. 1 for small School of Nursing in Georgian Bay district, to teach Nursing Sciences. Good personnel policies. Apply Director of Nursing, General & Marine Hospital, Owen Sound, Ont.

Public Health Nurses (qualified) for generalized Public Health Nursing service, Dept. of Public Health, City of Toronto. Salary: $2,974 per annum with yearly increments to $3,391. 5-day wk. Annual vacation, sick pay & pension plan benefits. Apply Personnel Dept., Room 320, City Hall, Toronto, Ont.

Registered Nurse with Public Health qualifications immediately for Health Unit No. 17 near Edmonton, Alta. Minimum salary: $2,640 per annum with increments — 3 at $140; 1 at $260. Starting salary by arrangement. Apply, stating qualifications, Director, Stony Plain-Lac Ste. Anne Health Unit, Stony Plain, Alta.

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THE PROVINCIAL GOVERNMENT OF NEWFOUNDLAND
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Registered Nurses are required for **General Duty as Staff Nurses** in small hospitals, ranging from 6 to 32 beds. SALARY commences at $2,200 per annum on the scale of $2,200-100-2,300.

ACCOMMODATION is supplied in the hospitals at the rate of $40.00 monthly. UNIFORMS & LAUNDRY SERVICES are provided free, ANNUAL VACATION is four weeks & SICK LEAVE with pay is also granted.

These hospitals are situated throughout the province in the more thickly populated settlements. The climate is temperate with its mild winters & cool summers where various types of recreation are available during both seasons.

Applications, with full details, should be addressed to:

The Director of Nurses, Newfoundland Dept. of Health, St. John's, Newfoundland.

Registered Nurses: Starting salaries as indicated — **Asst. Nursing Supervisor,** $315; **Instrument Nurse,** $292; **General Duty Nurse,** $270. 500-bed Teaching Hospital, School of Nursing, Intern & Resident programs. Paid vacation, sick leave & holidays. 40-hr. wk. 6-mo. increases. 5% afternoon & night shift premium. Apply Personnel Office, Hurley Hospital, Flint, Michigan.

Registered Nurses for General Duty (2). 70-bed fully modern hospital on C.P.R. main line & Trans-Canada Highway to Calgary & Banff. Salary: $165 & full maintenance with $5.00 increment every 6 mos. Sick leave with pay. 1 mo. annual vacation with pay plus statutory holidays. 8-hr. day, 44-hr. wk. Apply Supt., Municipal Hospital, Brooks, Alta.

Registered Laboratory Technologist, Floor Supervisors (experienced), **Operating Room Supervisor** with special preparation; **Dietitian & Night Supervisor** — at once for 100-bed hospital. Salary depends on qualifications & experience. Apply Supt., Soldiers' Memorial Hospital, Campbellton, N.B.

Supervisors (3): Night, Obstetrical, Surgical; also **Laboratory Technician (1)** — at once. New 35-bed hospital just opened; 12 bassinets. Separate residence; all single rooms. Salary includes full maintenance. Apply Supt., Ajax-Pickering General Hospital, Ajax, Ontario.

Registered Nurse, preferably with post-graduate training in Obstetrics, for 4-12 duty. Apply, stating experience & references, Director of Nursing, General Hospital, Pembroke, Ont.

Registered Nurses (2) as soon as possible for 50-bed hospital. Salary: $210 per mo. gross plus $5.00 increase per 6 mos. for 2 yrs. 48-hr. wk. — straight shifts. 1 mo. holiday with pay after 1 yr. 3 wks. sick time. Pop. of Rosetown — 2,500, English-speaking; on C.N.R. line, Saskatoon-Calgary. Apply Matron, Union Hospital, Rosetown, Sask.

Instructors (qualified): **Nursing Arts (1) & Clinical (1)** by Aug. 1 for 200-bed hospital. 65 students; one class per yr. enters in Sept. Allowance made for degree with experience. For further information apply Director of Nurses, General Hospital, Guelph, Ont.

Surgical Clinical Instructor (1) & Medical Clinical Instructor (1) for 176-bed hospital. For further information apply Director of Nursing, Providence Hospital, Moose Jaw, Saskatchewan.

Evening Supervisor & General Duty Nurses for 100-bed modern General Hospital in Southern Ontario. For full details apply Supt. of Nurses, Norfolk General Hospital, Simcoe, Ontario.

Laboratory Technician for 67-bed General Hospital. Salary open. Apply Supt., General Hospital, Portage la Prairie, Manitoba.

Registered General Duty Nurses for new 175-bed hospital. Excellent working conditions & personnel policies. Apply Director of Nursing, South Waterloo Memorial Hospital, Inc., Galt, Ontario.

VANCOUVER GENERAL HOSPITAL

The Vancouver General Hospital requires:

General Staff Nurses. 40-hr. week. Salary of $231.00 as minimum and $268.50 as maximum, plus shift differential for evening and night duty.

Residence accommodation is available.

Applications should be accompanied by letter of acceptance of registration in B.C. from *Registrar of Nurses, 1101 Vancouver Block, Vancouver 2, B.C.*

Apply to: **Personnel Dept., General Hospital, Vancouver 9, B.C.**

Registered Nurses for General Duty for 50-bed active General Hospital, 100 miles northwest of Toronto. Apply Supt., Memorial Hospital, Listowel, Ontario.

General Duty Staff Nurses for 175-bed General Hospital, located 20 miles from Detroit. Excellent personnel policies with opportunities for advancement. Apply Director of Nursing, St. Joseph Hospital, Mount Clemens, Michigan.

General Duty Graduate Nurses for 60-bed acute General Hospital, situated 150 miles northwest of Vancouver on B.C. coast. Salary: $222 per mo. less $25 complete maintenance. 4 wks. holiday with pay plus 10 statutory holidays. Transportation advanced if desired. Apply Matron, St. George's Hospital, Alert Bay, B.C.

General Duty Nurses for 40-bed hospital. Salary for **Registered Nurses,** $180 per mo. plus room, board, laundry. 1 mo. vacation with pay after 1 yr. 44-hr. wk. 2 wks. sick leave per yr. Will also require **Nurses (2)** for summer vacation relief. Apply Supt., Lady Minto Hospital, Chapleau, Ont.

Night Supervisors (2) to complete night staff of 3 for 139-bed hospital. 44-hr. wk. Apply Director of Nursing, Sherbrooke Hospital, Sherbrooke, Que.

Registered Nurses. Opportunities available for positions with Sanatorium Board of Manitoba. Salary range: $200-230 per mo. depending on qualifications & appointment. Board, room, laundry supplied for $39 per mo. Good hours & working conditions. Generous vacations, group insurance, all statutory holidays & other employee benefits. Apply Sanatorium Board of Manitoba, 668 Bannatyne Ave., Winnipeg, Man.

Increased Safety of Surgery

The twofold impact of antibiotics on surgery — that of eliminating the need for some operations while greatly increasing the safety and scope of other types of surgery — is stressed by recent reports from experts all over the world. Illustrative of the advances scored by the skill of modern surgeons, with the aid of an antibiotic "umbrella" of protection against infection, is the report from a large Dutch hospital where 1,564 successive appendectomies were carried out last year without a single death.

The striking successes of modern germ-fighting drugs in abdominal surgery are also pointed out from other areas. Dr. Herbert Schultz of Germany reports that the antibiotics produce "excellent, sometimes amazing" results. He states that the drug proved highly effective in a group of 32 patients suffering from peritonitis and was "lifesaving" in especially critical cases.

Similar findings are reported by the Indian surgeons, K. N. Udupa and Jal Lal, who write that broad-range antibiotic treatment resulted in a "dramatic response" in two serious cases of peritonitis and brought about "a very smooth post-operative course" in two other patients undergoing bowel surgery.

While thus greatly reducing the hazards of a number of surgical procedures, antibiotics are also removing the need for some

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types of operations, according to European and American physicians. For example these drugs have eliminated 90 per cent of the surgery for local infections necessary in the pre-antibiotic era. An American physician declares that the use of penicillin and other germ-fighting drugs played a major role in preventing amputations and extensive removal of injured tissues among military casualties in Korea.

—Medical and Pharmaceutical Information Bureau, New York.

* * *

Studies of ventilation for inhabited rooms have disclosed that in the ordinary quiet respiration of human beings, no volatile poisonous matter is in the expired air other than carbon dioxide. The air expired from the lungs has no odor. Bad breath is caused by unclean mouth and teeth conditions. Odor, mainly body odor, has considerable effect on the comfort of people in the room.

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